

Alcohol, Tobacco, and Other Drugs: Consumption and Consequences in Alabama



Epidemiological Profile
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List of Abbreviations

ABC (Board)	Alcoholic Beverage Control Board
ACJIC	Alabama Criminal Justice Information Center
AEDS	Alcohol Epidemiologic Data System
AEOW	Alabama Epidemiological Outcomes Workgroup
ALYTS	Alabama Youth Tobacco Survey
ARCOS	Automation of Reports and Consolidated Orders System
ARDI	Alcohol Related Disease Impact
ATOD	Alcohol, Tobacco, and Other Drugs
BAC	Blood Alcohol Concentration
BHIS	Behavioral Health Indicator System
BRFSS	Behavioral Risk Factor Surveillance System
CDC Wonder	Centers for Disease Control and Prevention Wide-ranging Online Data Epidemiologic Research
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders
DUI	Driving Under the Influence
Epi Profile	Alabama Epidemiological Profile
FARS	Fatality Analysis Reporting System
FASD	Fetal Alcohol Spectrum Disorders
FTA	Federation of Tax Administrators
NCHS	National Center for Health Statistics
NHTSA	National Highway Traffic Safety Administration
NSDUH	National Survey on Drug Use and Health
NVSS-M	National Vital Statistics System-Mortality
PRAMS	Pregnancy Risk Assessment Monitoring System
PRIDE	Alabama Pride Survey
SAMHSA	Substance Abuse and Mental Health Services Administration
SAMMEC	Smoking-Attributable Mortality, Morbidity, and Economic Costs
TEDS	Treatment Episode Data Set
UCR	Uniform Crime Reporting Program
YPLL	Years of Potential Life Lost
YRBS	Youth Risk Behavioral Survey

Executive Summary

The goal of the Alabama State Epidemiological Profile (Epi Profile) is to assess alcohol, tobacco, and other drugs (ATOD) consumption and consequence patterns among youth and adults. Some ATOD trends may be assessed by state planning regions. The profile is divided into sections according to the substance evaluated: 1) alcohol; 2) tobacco; and 3) other drugs. For each substance, data on consequences (negative outcomes associated with use), consumption (measures of substance use), and risk/protective factors (influencing consumption) are presented. Various data constructs (what you want to measure) and indicators (how you want to measure it) are presented for each substance's section on consequences, consumptions, and risk/protective factors. Data sources included were selected based on availability, validity, consistency, periodic collection over at least three to five past years, and sensitivity. Data dimensions (relative comparison, trends, severity, and magnitude) were used to select indicators that are presented in the profile. In addition, data was presented by demographic variables.

Substance abuse findings in Alabama vary across various demographic and geographic characteristics. In Alabama, the rate of deaths sustained in alcohol-involved vehicle crashes was higher than the rate of deaths in the US. In 2007, the rate of homicides per 100,000 persons in Alabama is 10.4 compared to the US at 6.0. Current alcohol consumption among Alabama adults ranked below the national median. Among youth 12-20 years old in Alabama, 24.4% reported consuming alcohol during the past month and 15.0% reported binge drinking.

From 2000 to 2007 the rate of lung disease deaths increased from 44.6 deaths per 100,000 to 53.6 deaths per 100,000 in Alabama. In 2007-2008, the percentage of current cigarette smoking among person aged 12 or older in Alabama was more than the US percentage. The age at first use of cigarettes has declined in Alabama and the United States since 1995.

The number of deaths due to drug-related overdose/poisoning increased from 197 deaths in 2000 to 511 deaths in 2007. The majority of arrests for both adults (84.9%) and youth (94.1%) were due to drug possession in 2010. In 2007-2008, adults aged 18-25 years had the highest percentage of reported nonmedical use of prescription pain relievers in Alabama.

The findings in this profile will be used to guide the development of the strategic plan for substance use prevention in Alabama, monitor the impact of state and local policies, and inform programmatic responses to identified needs related to alcohol, tobacco, and other drugs in Alabama.

Introduction

This Epi Profile assesses trends in the consequences and consumption of alcohol, tobacco, and other drugs (ATOD) among youth and adults in Alabama. Some ATOD trends may be assessed by state planning regions. The state of Alabama has 4 planning regions that are divided based on geographic location: Region 1 includes 18 counties in northern Alabama; Region 2 includes 14 counties in north-central Alabama; Region 3 includes 19 counties in south-central Alabama; and Region 4 includes 16 counties in southern Alabama.

The profile is divided into sections according to the substance evaluated: 1) alcohol; 2) tobacco; and 3) other drugs. For each substance, data on consequences, consumptions, and risk/protective factors are presented. Consequences include data on substance-related morbidity, mortality, motor vehicle accidents, crime, arrests, and treatment needs. Consumption includes data on current use, age at first use, and risky behaviors for each substance. Risk/protective factors include data on morbidity, mortality, and risky behaviors. Data from multiple national and state sources are included in this profile to assess the consequences and consumption of alcohol, tobacco, and other drugs. The primary data sources are the Behavioral Risk Factor Surveillance System (BRFSS) and the National Survey on Drug Use and Health (NSDUH) for adult data and the Youth Risk Behavioral Survey (YRBS), Alabama Pride Survey, and NSDUH for youth data. The National Vital Statistics System-Mortality (NVSS-M) and Alabama Criminal Justice Information Center (ACJIC) are sources used for data on both youth and adults.

The findings in this profile will be used to guide the development of the strategic plan for substance use prevention in Alabama, monitor the impact of state and local policies, and inform programmatic responses to identified needs related to alcohol, tobacco, and other drugs in Alabama.

Figure 1- Alabama Department of State Planning Regions



Alabama Overview

Alabama is located in the southeastern United States, bordered by the states of Florida, Georgia, Mississippi, and Tennessee. The capital city of Alabama is Montgomery (located in Montgomery County) and the most populous city is Birmingham (located in Jefferson County). Alabama had an estimated population of 4,779,736 in 2010¹ in its 67 counties, with 28.5% of the population residing in rural areas.²

The overall socio-demographic characteristics for Alabama are presented in Table 1. The majority of Alabama residents are white (68.5%) and African-Americans represent the largest minority group in the state (26.2%) followed by Asians (1.1%) and American Indian/Alaska Native (0.6). Urban and rural areas of Alabama have different socio-demographic profiles, with rural areas being less advantaged than urban areas. In 2009, the state's overall poverty rate was 17.5% with rural areas having a higher poverty level (21.0%) than urban areas (16.2%). Similarly, residents in rural Alabama had a higher unemployment rate (11.9%) compared with residents in urban Alabama (9.1%).²

Table 1—Socio-demographic characteristics of Alabama, 2010 (unless otherwise noted)

Characteristic	Alabama
Population	4,779,736
% Age < 18 years	23.7
% Age ≥ 65 years	13.8
% Female	51.5
% White	68.5
% Hispanic or Latino	3.9
% Bachelor's degree or higher, 2005-2009	21.5
% Below poverty level, 2009	17.5
Median household income, 2009	\$40,547
% Homeownership, 2005-2009	70.8
Median value of owner-occupied housing units, 2005-2009	\$111,900

Source: US Census Bureau Alabama Quick Facts

Data Selection Process

The first task for the AEW was to review possible national and state data sources to include or exclude in the Epi Profile. The AEW members conducted a data-quality screening process to identify those data sources that would be appropriate for use in this assessment. First, the AEW started with data found in the Behavioral Health Indicator System (BHIS). The BHIS, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), is a website that makes behavioral health related epidemiological data available to states. Second, in addition to the BHIS datasets the AEW collected substance abuse data from state agencies. The AEW is composed of members who are employees from different state agencies including Alabama Department of Youth Services, Alabama Department of Public Health, Alabama Department of Public Safety, and Alabama State Department of Education which gives access to those departments collecting data pertaining to substance abuse. After the data sources were identified, a process consisting of reviewing each data source based on 5 criteria was conducted.

Criteria for Data Source Inclusion

1. Availability

- The data is readily available and accessible. The measure must be available in disaggregated form at the age, gender, race/ethnicity, geographic level.
- The data is currently available over at least three to five past years.

2. Validity

- There must be research-based evidence that the indicator accurately measures the specific construct and yields a true snapshot of the phenomenon at the time of the assessment.
- The indicator provides a true representation of what is actually occurring in Alabama

3. Consistency

- The method or means of collecting and organizing data should be relatively unchanged over time, such that the method of measurement is the same from time i to $i+1$. Alternatively, if the method of measure has changed, sound data should exist that determines and allows adjustment for differences resulting from data collection changes.
- The questions are asked the same way over a period of years
- The indicators are collected the same way over a period of time.

4. Periodic Collection over at Least Three to Five past Years

- The information is consistently available over a number of years preferably annually or at least biannually.
- There are no sporadic delays in the collection of the data.

5. Sensitivity

- Able to detect change associated with substance use (alcohol, illicit drug or tobacco) over time

The data sources that were reviewed to determine inclusion or exclusion are provided along with detailed information on the above criteria for each data source in Appendix A.

The following data sources meet each criterion and are included in the Epi Profile.

National Data Sources

Alcohol Epidemiologic Data System (AEDS)

Alcohol Related Disease Impact (ARDI)

Behavioral Risk Factor Surveillance System (BRFSS)
Fatality Analysis Reporting System (FARS)
National Survey on Drug Use and Health (NSDUH)
National Vital Statistics System Mortality (NVSS-M)

Pregnancy Risk Assessment Monitoring System (PRAMS)
Sales Data for Tobacco
Treatment Episode Data Set (TEDS)
Uniform Crime Reporting Program (UCR)
Youth Risk Behavior Survey (YRBS)

Alabama Data Sources

Alabama Criminal Justice Information Center (ACJIC)
Alabama Pride Survey (PRIDE)
Alabama Youth Tobacco Survey (ALYTS)

If the data sources did not meet the criteria, they were not included in the Epi Profile. Data sources, such as Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC Wonder) and Smoking Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) were excluded because they are online databases used to calculate mortality. Also, SAMMEC does not provide enough information because the latest available data is for the year 2004. Others, were excluded because there were other data sources containing the same information that allowed more flexibility and an in-depth look at the available data. For example, the data for Tax Burden on Tobacco and the Federation of Tax Administrators (FTA) is found in the Sales Data for Tobacco dataset located on the BHIS. Also, the Alabama Accidents Summary data can be found on FARS. Both the BHIS and FARS online databases support software that facilitates analysis of data available on the databases. Lastly, the Automation of Reports and Consolidated Orders System (ARCOS) and State Health Facts - Alabama was excluded because they are unable to detect changes associated with substance use over time.

Data Sources Excluded from the Epi Profile

Alabama Accidents Summary
Automation of Reports and Consolidated Orders System
Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC Wonder)
Federation of Tax Administrators (FTA)
Smoking Attributable Mortality, Morbidity, and Economic Costs (SAMMEC)
State Health Facts - Alabama
The Tax Burden on Tobacco

Data Dimensions

The AEOW reviewed the list of consumption and consequence indicators by examining them across four dimensions. Purposeful strategies for presenting, interpreting, comparing, and synthesizing multiple indicators from different perspectives are required to translate empirical information into an understandable and meaningful epidemiological assessment. Data on all dimensions may not be available for each indicator.

1. Magnitude

Magnitude describes the number of individuals directly impacted by a particular indicator and explores the basic issue of addressing the size of alcohol, tobacco, and other drugs (ATOD) occurrence in Alabama. Magnitude is described in terms of relative numbers (e.g. percentages or rates) and absolute numbers (e.g. total number of cases).

2. Relative Comparison

Relative Comparison is the prevalence for ATOD consumption and related consequences in Alabama compared to a standard reference population such as the United States. Some of the commonly used relative comparisons are comparison to national statistics and comparison among the state's mental health regions. Statewide or regional indicators that are higher or increasing more rapidly than their comparative indicators may identify problems that warrant priority attention.

3. Trends

Trends over time in Alabama were examined to determine if prevalence were increasing (deteriorating) or decreasing (improving). Trends help in detecting growing problems that may demand attention.

4. Severity

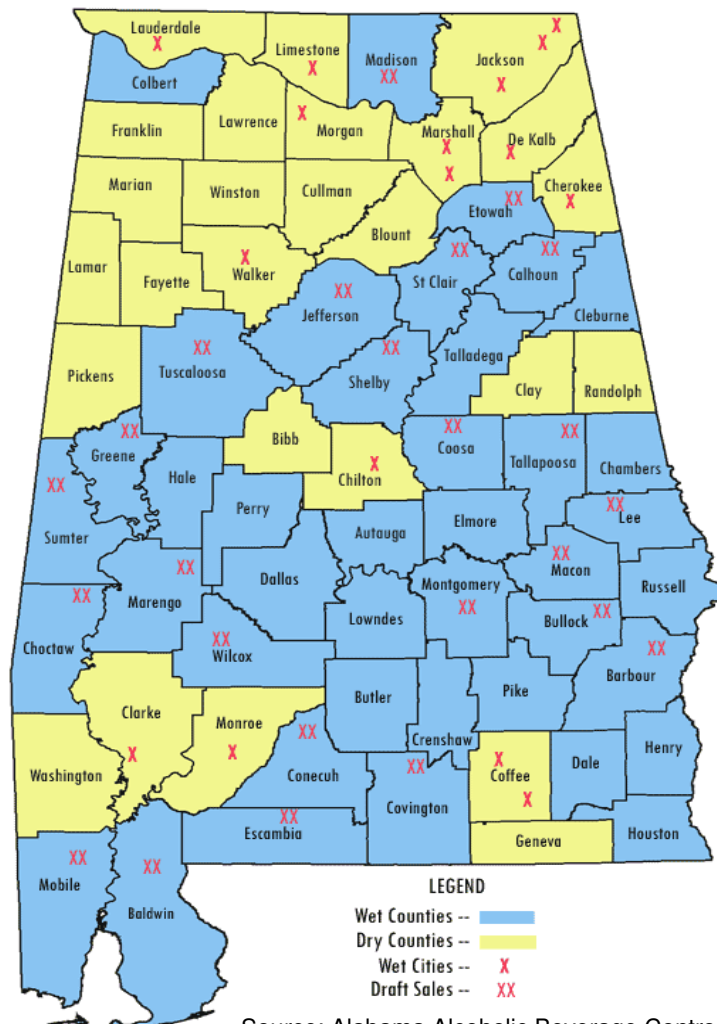
Severity examines the potential impact of outcomes on individuals or society that are associated with substance abuse. It helps to determine how serious is the extent of outcomes associated with substance abuse compared to those of other problems since some consumption patterns or consequences are potentially more severe in nature.

Alcohol

Alcohol

- The minimum legal age to purchase, use, possess, or transport alcoholic beverages in Alabama is 21 years old.
- Alcohol sales are regulated by the Alabama Alcoholic Beverage Control (ABC) Board, which is responsible for the distribution of alcohol, licensing of retail outlets, and enforcement of policies.
- Alabama has 26 dry counties that do not permit the sale of any alcoholic beverages, except in designated wet cities (Figure 2). Region 1 has the highest percentage of dry counties (89%), followed by Region 2 (43%) and Region 4 (31%). All of the counties in Region 3 are wet counties.

Figure 2 — Wet and dry counties and cities in Alabama



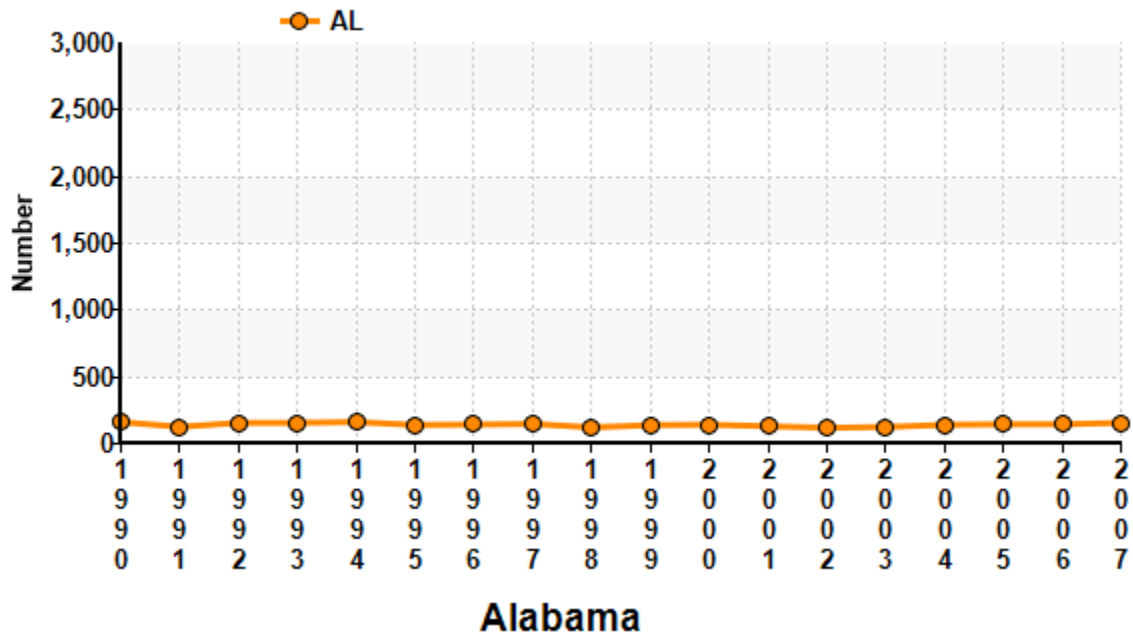
Source: Alabama Alcoholic Beverage Control Board

Alcohol Consequences

Alcohol-Related Mortality

- Excessive alcohol intake is also associated with mortality from other chronic and acute causes.

Figure 3 - Number of Deaths Due to Alcoholic Cirrhosis: 1990-2007

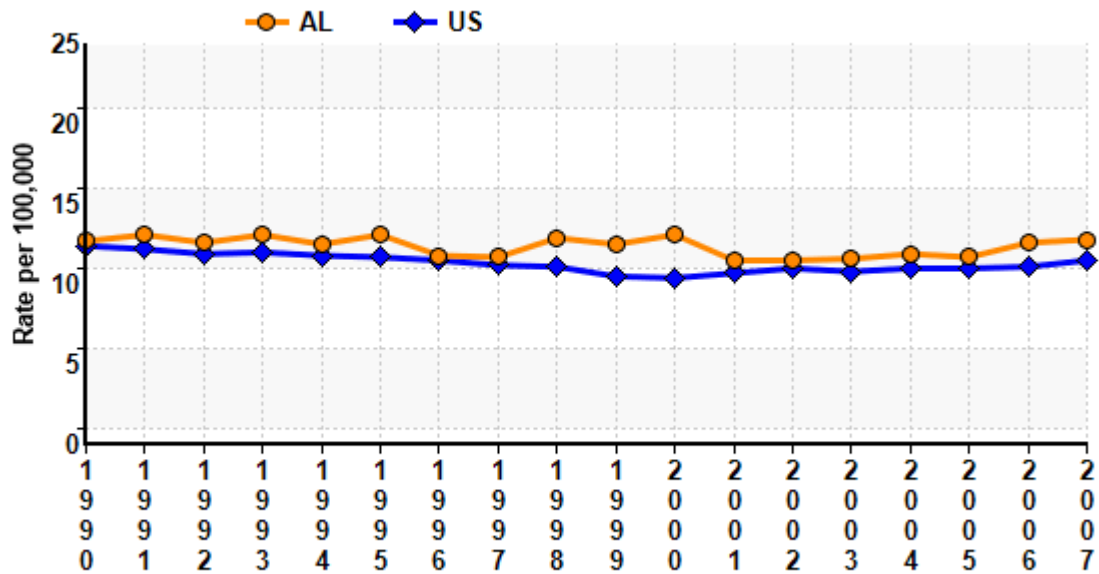


Number of Deaths Due to Alcoholic Cirrhosis: 1990-2007						
	1990	1991	1992	1993	1994	1995
AL	162	126	156	156	162	140
	1996	1997	1998	1999	2000	2001
AL	143	148	122	139	142	131
	2002	2003	2004	2005	2006	2007
AL	119	125	141	145	145	156

Source: National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS), Mortality Detail files, 1990–2007.

- Suicidal individuals have high rates of alcohol use and abuse and alcohol abusers have high rates of suicidal behavior. It is estimated that about 23% of suicides are attributable to alcohol. The following indicator does not involve a direct assessment of alcohol involvement, but rater is justified on the assumption that 20% of all suicides are attributable to alcohol. This attributable fraction (20%) could vary substantially across geographic area and subgroups.

Figure 4 - Rate of Suicides per 100,000 Population: 1990-2007



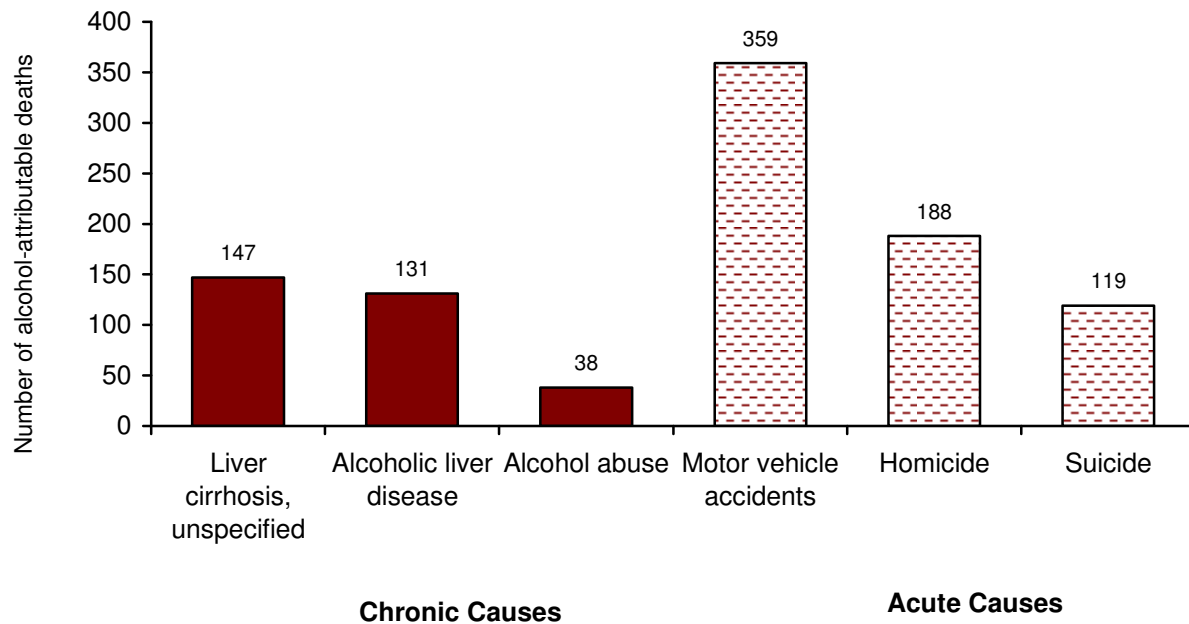
Alabama vs. United States

Rate of Suicides per 100,000 Population: 1990-2007						
	1990	1991	1992	1993	1994	1995
AL	12.7	13.1	12.6	13.1	12.5	13.1
US	12.4	12.2	11.9	12.0	11.8	11.7
	1996	1997	1998	1999	2000	2001
AL	11.8	11.7	12.9	12.5	13.1	11.5
US	11.5	11.2	11.1	10.5	10.4	10.7
	2002	2003	2004	2005	2006	2007
AL	11.5	11.6	11.9	11.7	12.6	12.8
US	11.0	10.8	11.0	11.0	11.1	11.5

Source: Death certificate data: National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS), Mortality Detail files, 1990–2007.

- The leading chronic causes of alcohol-attributable deaths in Alabama between 2001 and 2005 were liver cirrhosis, alcoholic liver disease, and alcohol abuse and the leading acute causes were motor vehicle accidents, homicide, and suicide (Figure 5).

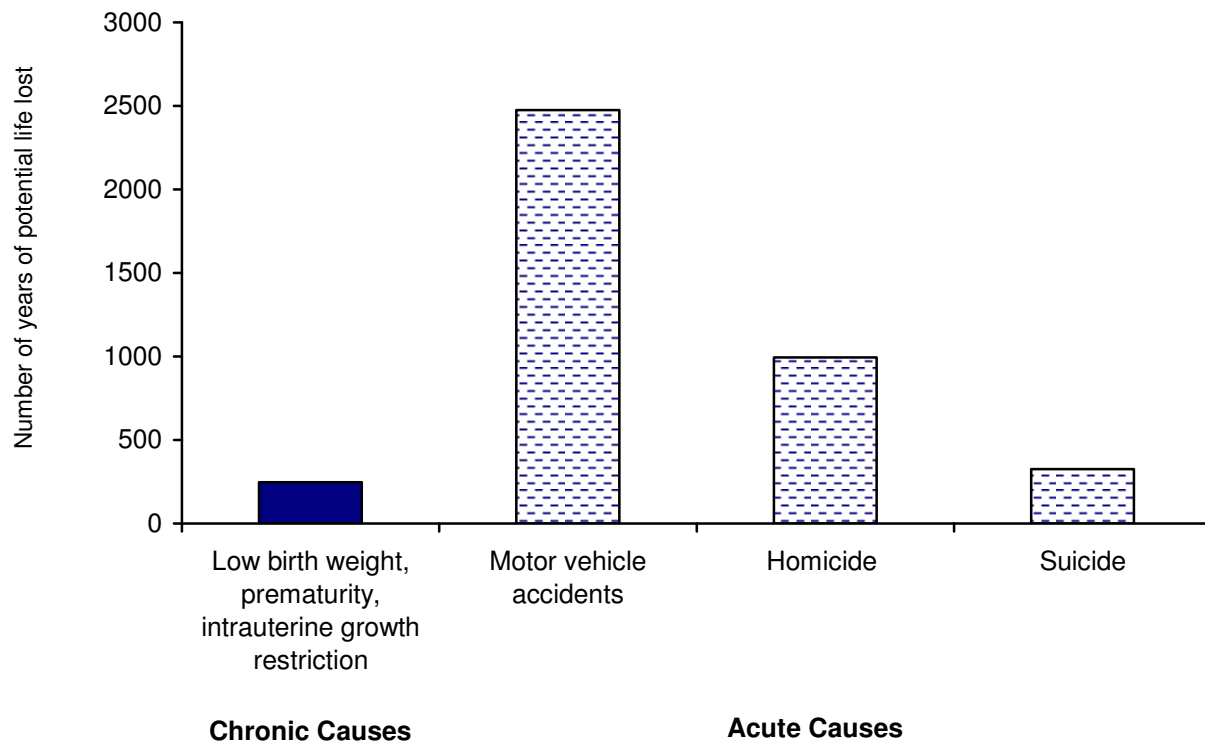
Figure 5 — Chronic and acute causes of alcohol-attributable deaths in Alabama, 2001-2005



Source: ARDI

- Years of potential life lost (YPLL) due to alcohol-related premature mortality among youth may be due to alcohol exposure directly, e.g. their own consumption, or indirectly, e.g. *in utero* or riding in a car driven by someone who had been drinking.
- The leading contributors to YPLL among youth in Alabama between 2001 and 2005 were acute causes, specifically motor-vehicle accidents, homicide, and suicide. The leading chronic cause of YPLL was low birth weight, prematurity and intrauterine growth restriction (Figure 6).

Figure 6 —Years of potential life lost due to alcohol-related premature deaths for Alabama youth, 2001-2005

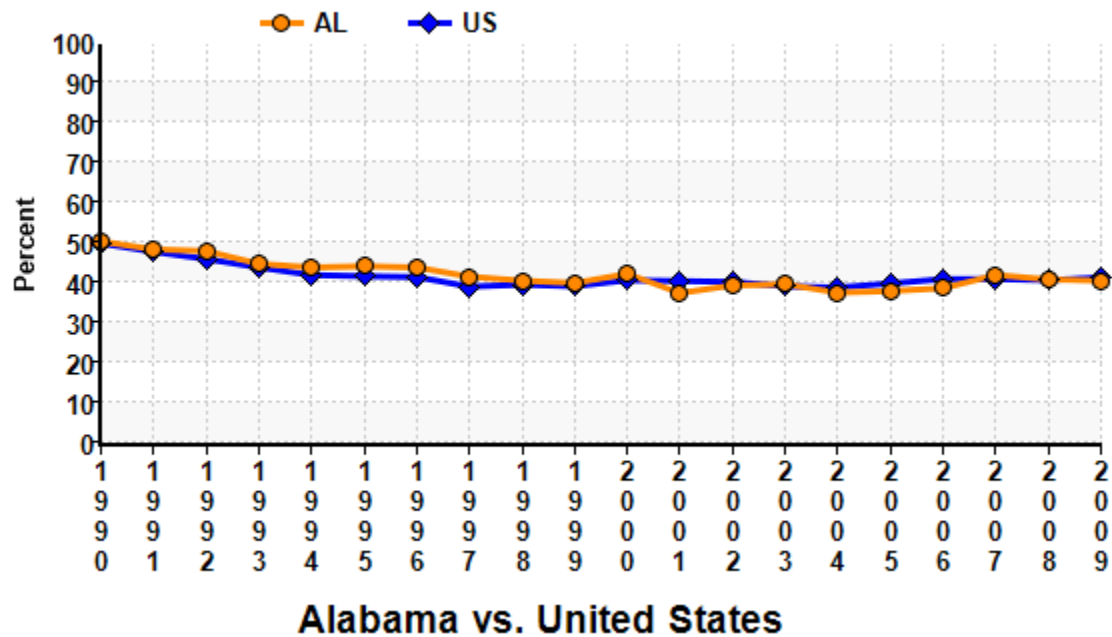


Source: ARDI

Motor Vehicle Crashes

- The legal limit for operating a motor vehicle in Alabama is a 0.08 blood alcohol concentration (BAC) for adults 21 years and older and a 0.02 BAC for minors (Code of Alabama 1975, §32-5A-191).

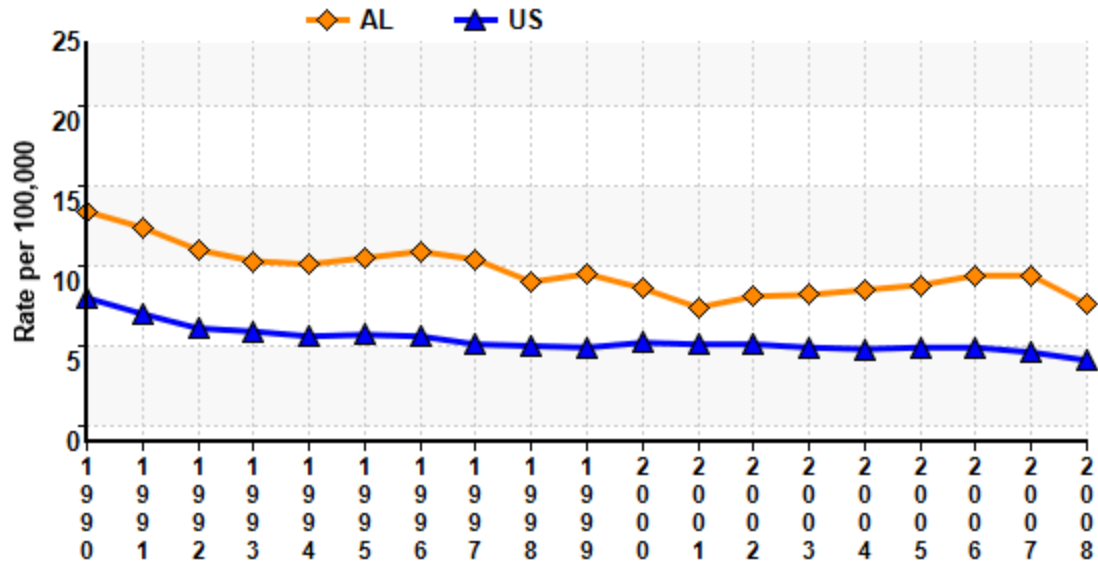
Figure 7 - Percentage of Fatal Motor Vehicle Crashes That Involved Alcohol: 1990-2009



Alcohol-related Fatal Crashes *								
	1990	1991	1992	1993	1994	1995	1996	1997
AL	51.0	49.0	48.6	45.4	44.5	44.8	44.5	42.2
US	50.5	48.4	46.6	44.5	42.6	42.3	42.1	39.7
	1998	1999	2000	2001	2002	2003	2004	2005
AL	41.2	40.6	42.9	38.1	40.0	40.3	38.2	38.6
US	40.2	39.8	41.3	41.1	40.9	39.8	39.5	40.5
	2006	2007	2008	2009				
AL	39.3	42.6	41.5	41.2				
US	41.6	41.6	41.3	42.0				

Source: National Highway Traffic Safety Admn., Fatality Analysis Reporting System, 1990–2009.

Figure 8 - Rate of Deaths Sustained in Vehicle Crashes That Were Alcohol-involved per 100,000 Population: 1990-2008

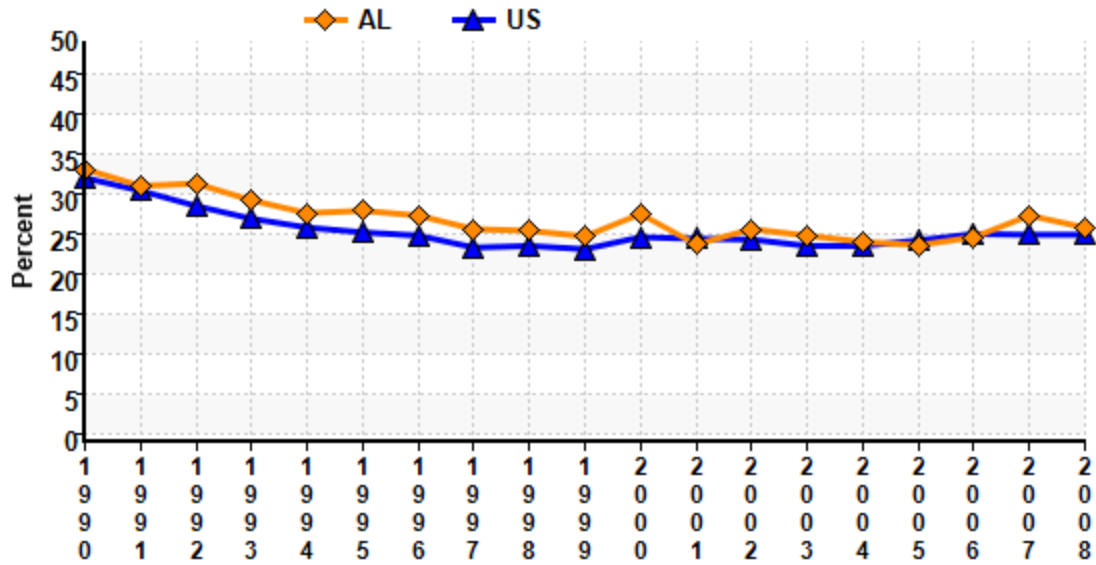


Alabama vs. United States

Rate of Deaths Sustained in Vehicle Crashes That Were Alcohol-involved per 100,000 Population: 1990-2008								
	1990	1991	1992	1993	1994	1995	1996	1997
AL	14.4	13.4	12.0	11.3	11.1	11.5	11.9	11.4
US	9.0	8.0	7.1	6.9	6.6	6.7	6.6	6.1
	1998	1999	2000	2001	2002	2003	2004	2005
AL	10.0	10.5	9.6	8.4	9.1	9.2	9.5	9.8
US	6.0	5.9	6.2	6.1	6.1	5.9	5.8	5.9
	2006	2007	2008					
AL	10.4	10.4	8.6					
US	5.9	5.6	5.1					

Source: National Highway Traffic Safety Administration (NHTSA), Fatality Analysis Reporting System (FARS), 1990–2008.

Figure 9 - Percentage of Drivers in Fatal Crashes Who Were Alcohol-positive: 1990-2008



Alabama vs. United States

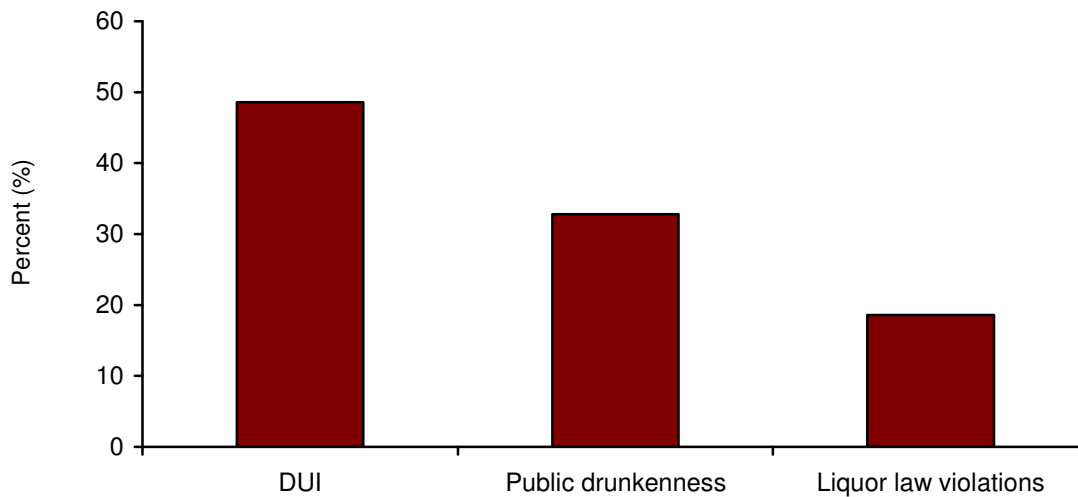
Percentage of Drivers in Fatal Crashes Who Were Alcohol-positive: 1990-2008								
	1990	1991	1992	1993	1994	1995	1996	1997
AL	34.1	32.0	32.3	30.2	28.6	28.9	28.3	26.6
US	33.0	31.4	29.5	27.9	26.8	26.2	25.8	24.3
	1998	1999	2000	2001	2002	2003	2004	2005
AL	26.4	25.7	28.5	24.7	26.6	25.8	25.0	24.6
US	24.5	24.1	25.6	25.4	25.3	24.5	24.5	25.2
	2006	2007	2008					
AL	25.6	28.3	26.8					
US	26.0	25.9	25.9					

Source: National Highway Traffic Safety Administration (NHTSA), Fatality Analysis Reporting System (FARS), 1990–2008.

Crime

- Alcohol-related arrests, such as driving under the influence (DUI), liquor law violations (e.g. bootlegging, selling to minors), and public drunkenness, may result from alcohol use and abuse.
- In 2009, there were 29,291 arrests in Alabama for alcohol-related offenses. DUI accounted for 48.6% of those offenses, followed by public drunkenness (32.8%), and liquor law violations (18.6%) (Figure 10).

Figure 10 – Alcohol-related arrests in Alabama by type of offense, 2009

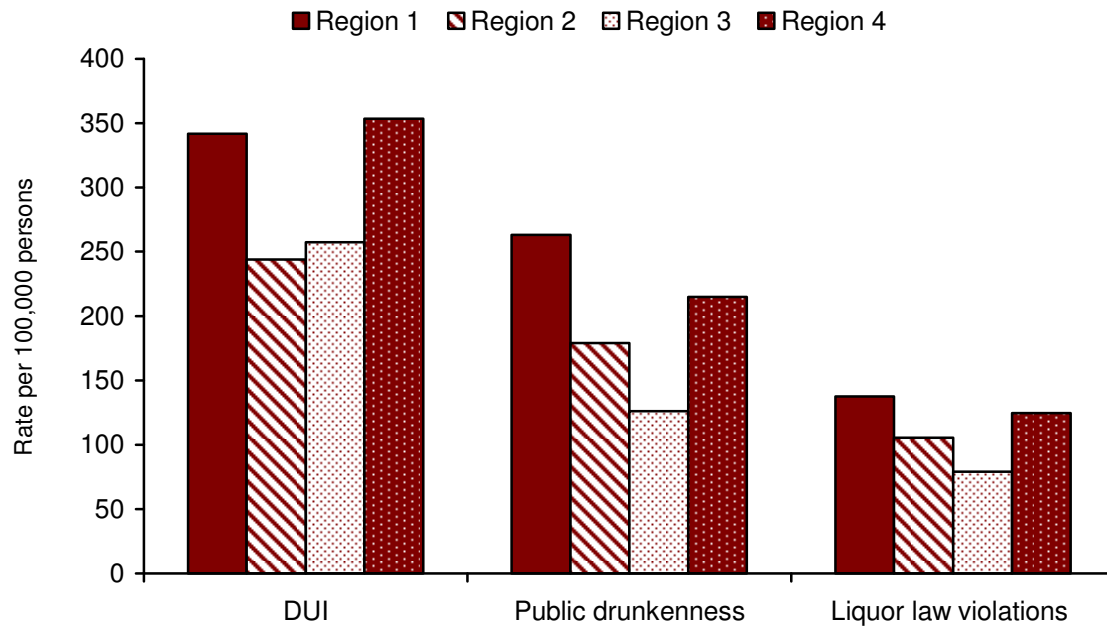


Source: ACJIC

*Data may include duplicate counts and may be affected by resources available to enforce laws.

- In each region, DUI was the most common offense for an alcohol-related arrest followed by public drunkenness and liquor law violations.
- In 2009, the rate of alcohol-related arrests varied by region, with regions 1 and 4 having the highest arrest rates for DUI, public drunkenness, and liquor law violations (Figure 11).

Figure 11 – Alcohol-related arrest rate per 100,000 persons in Alabama by region and type of offense, 2009

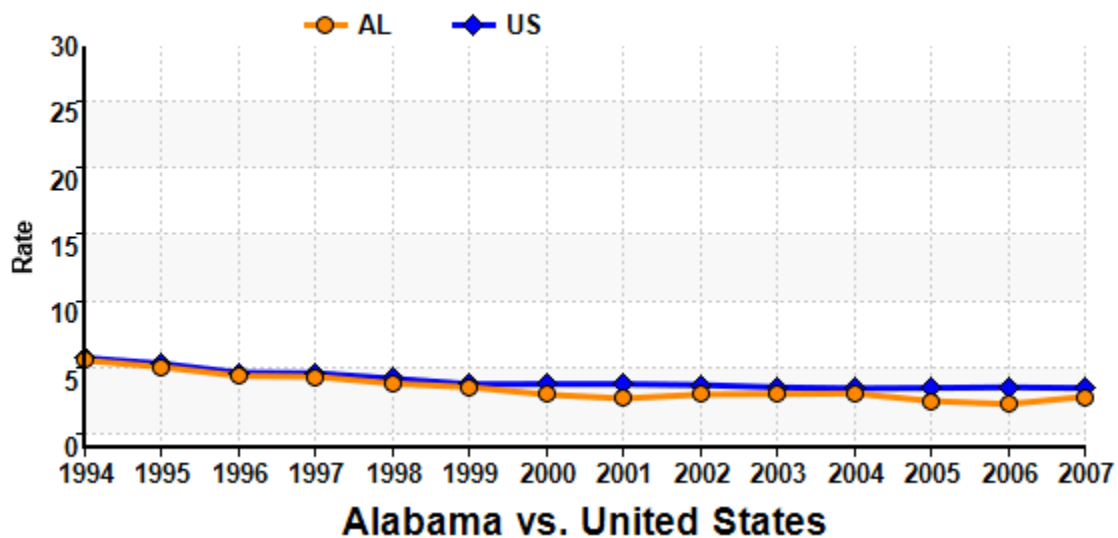


Source: ACJIC

*Data may include duplicate counts and may be affected by resources available to enforce laws.

- Another possible consequence of excessive alcohol consumption is violent crime, such as forcible rape, robbery, and aggravated assault.
- Scientists and non-scientists alike have long recognized a two-way association between alcohol consumption and violent or aggressive behavior¹⁷.
- Based on published studies, Judith Roizen summarized the percentages of violent offenders who were drinking at the time of the offense as follows: up to 86% of homicide offenders, 37% of assault offenders, 60% of sexual offenders, up to 57% of men and 27% of women involved in marital violence, and 13% of child abusers¹⁸.

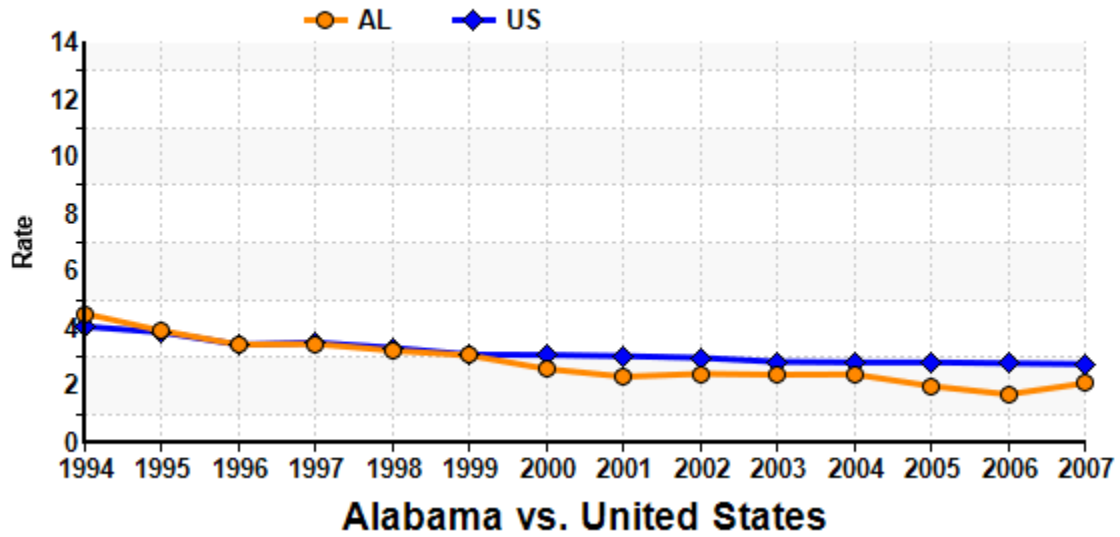
Figure 12 - Rate of Violent Crimes per 1,000 Population: 1994-2007



Violent Crimes/1000*							
	1994	1995	1996	1997	1998	1999	2000
AL	6.54	6.04	5.38	5.32	4.81	4.54	3.98
US	6.72	6.30	5.62	5.58	5.18	4.76	4.77
	2001	2002	2003	2004	2005	2006	2007
AL	3.69	3.99	4.02	4.07	3.50	3.27	3.82
US	4.77	4.70	4.52	4.45	4.48	4.53	4.47

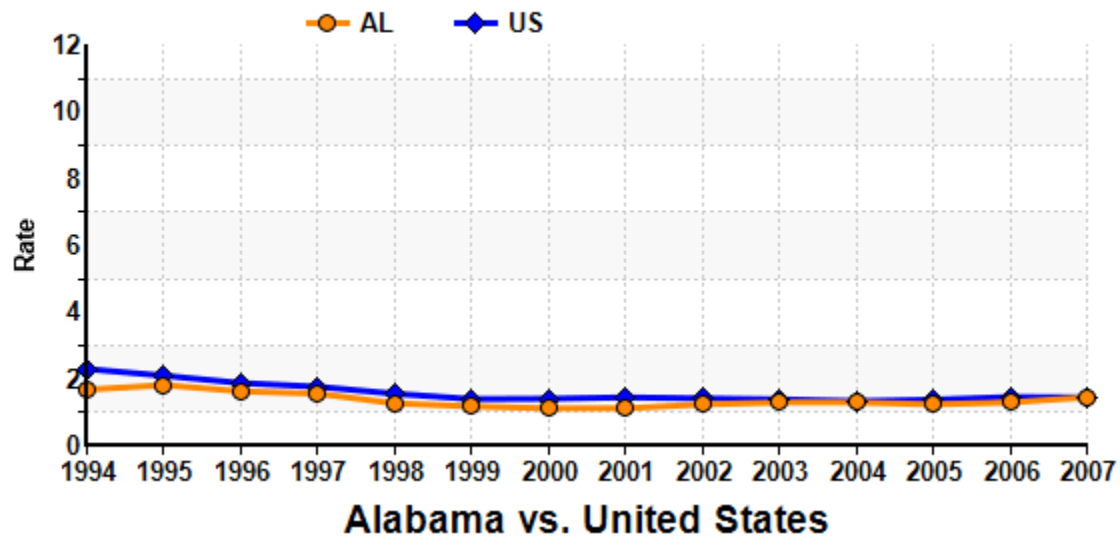
Source: U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program, 1994–2007.

Figure 13 - Rate of Aggravated Assaults per 1,000 Population: 1994-2007



Source: U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program, 1994–2007.

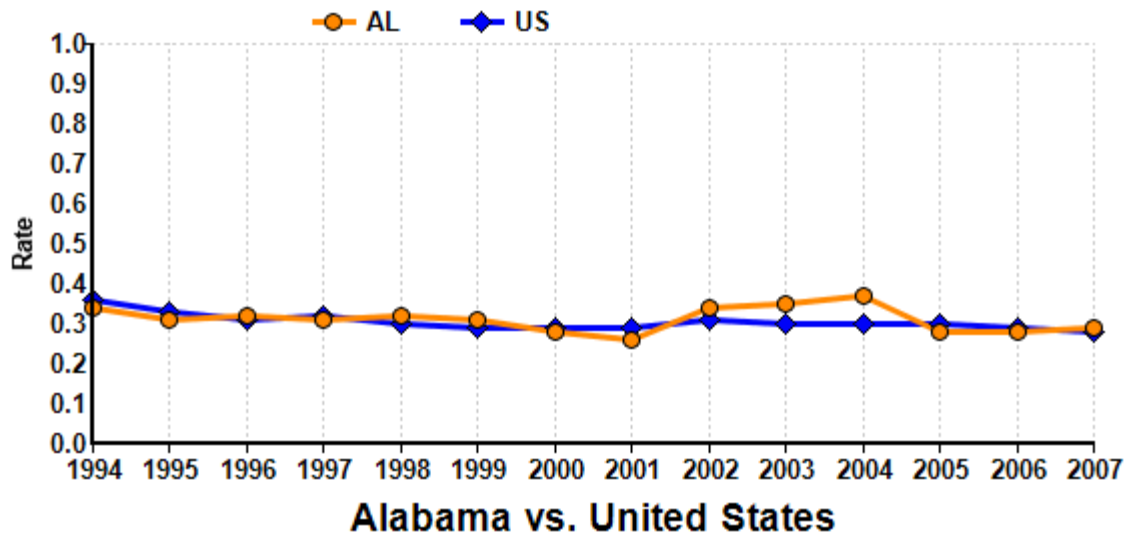
Figure 14 – Rate of Robberies per 1,000 Population: 1994-2007



Robberies/1000*							
	1994	1995	1996	1997	1998	1999	2000
AL	1.68	1.82	1.63	1.56	1.27	1.18	1.12
US	2.30	2.10	1.88	1.77	1.56	1.40	1.41
	2001	2002	2003	2004	2005	2006	2007
AL	1.12	1.24	1.30	1.30	1.24	1.30	1.45
US	1.45	1.42	1.39	1.34	1.38	1.46	1.45

Source: U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program, 1994–2007.

Figure 15 – Rate of Sexual Assaults per 1,000 Population: 1994-2007

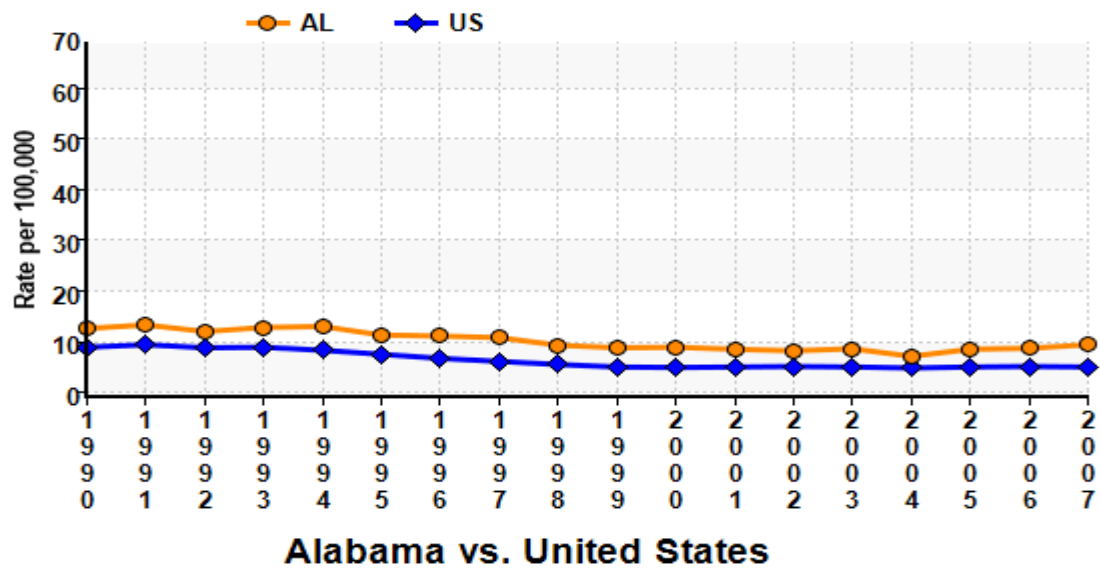


Sexual Assaults/1000*							
	1994	1995	1996	1997	1998	1999	2000
AL	0.34	0.31	0.32	0.31	0.32	0.31	0.28
US	0.36	0.33	0.31	0.32	0.30	0.29	0.29
	2001	2002	2003	2004	2005	2006	2007
AL	0.26	0.34	0.35	0.37	0.28	0.28	0.29
US	0.29	0.31	0.30	0.30	0.30	0.29	0.28

Source: U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program, 1994–2007.

- It is estimated that approximately 47% of homicides are attributable to alcohol. The following indicator does not involve a direct assessment of alcohol involvement, but rather is justified on the assumption that 47% off all homicides are attributable to alcohol. This attributable-fraction (47%) could vary substantially across geographic areas and subgroups.

Figure 16 - Rate of Homicides per 100,000 Population: 1990-2007

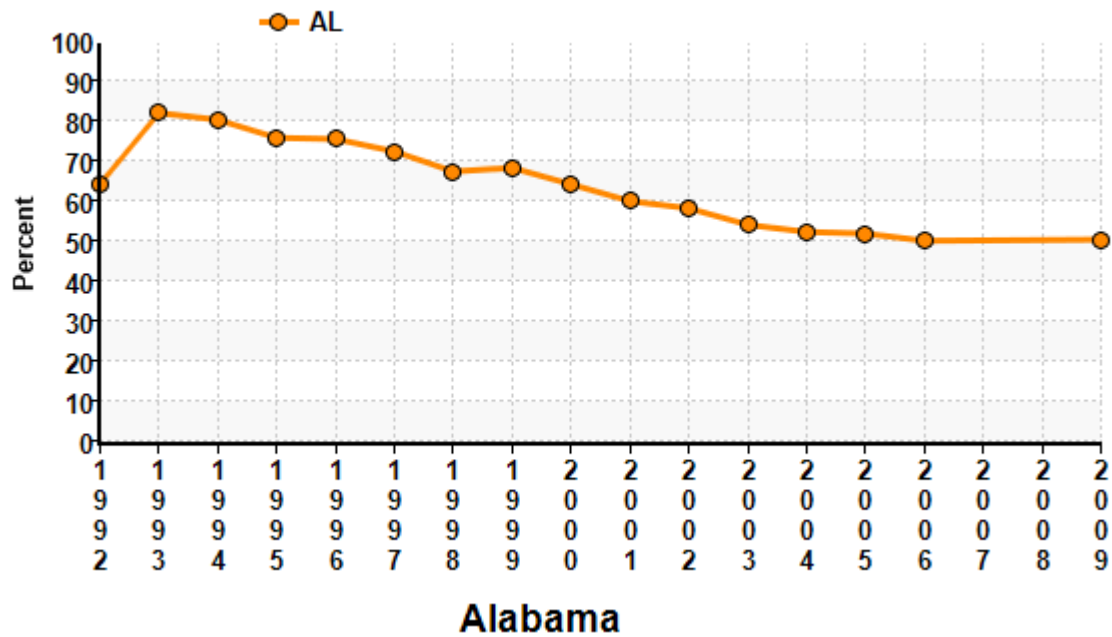


Rate of Homicides per 100,000 Population: 1990-2007						
	1990	1991	1992	1993	1994	1995
AL	13.6	14.3	13.0	13.8	14.0	12.3
US	9.9	10.4	9.8	9.9	9.3	8.5
	1996	1997	1998	1999	2000	2001
AL	12.1	11.8	10.3	9.8	9.9	9.5
US	7.7	7.1	6.5	6.0	5.9	6.0
	2002	2003	2004	2005	2006	2007
AL	9.2	9.6	8.1	9.5	9.7	10.4
US	6.1	6.0	5.8	6.0	6.1	6.0

Treatment

- Alcohol abuse or dependence can adversely impact normal daily activities, such as job performance and family responsibilities, in addition to causing deleterious health effects if left untreated.⁴ It can also affect school performance and family relationships and have long-term health implications for youth.

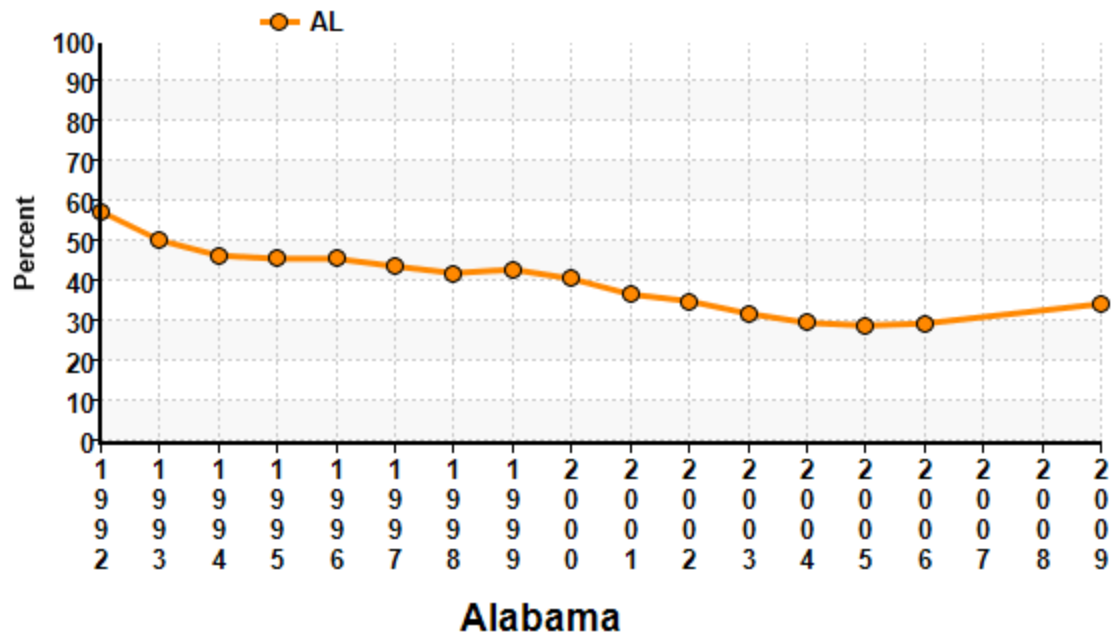
Figure 17 – Percentage of Total Admissions Reporting Any Use of Alcohol: 1992-2009



Percentage of Total Admissions Reporting Any Use of Alcohol: 1992-2009						
	1992	1993	1994	1995	1996	1997
AL	65.1	82.8	81.1	76.6	76.3	73.2
	1998	1999	2000	2001	2002	2003
AL	68.2	69.1	65.0	60.8	59.0	54.9
	2004	2005	2006	2007	2008	2009
AL	53.1	52.7	50.9	—	—	51.2

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through November 3, 2010.

Figure 18 – Percentage of Total Admissions Reporting Alcohol as Their Primary Substance of Abuse: 1992-2009



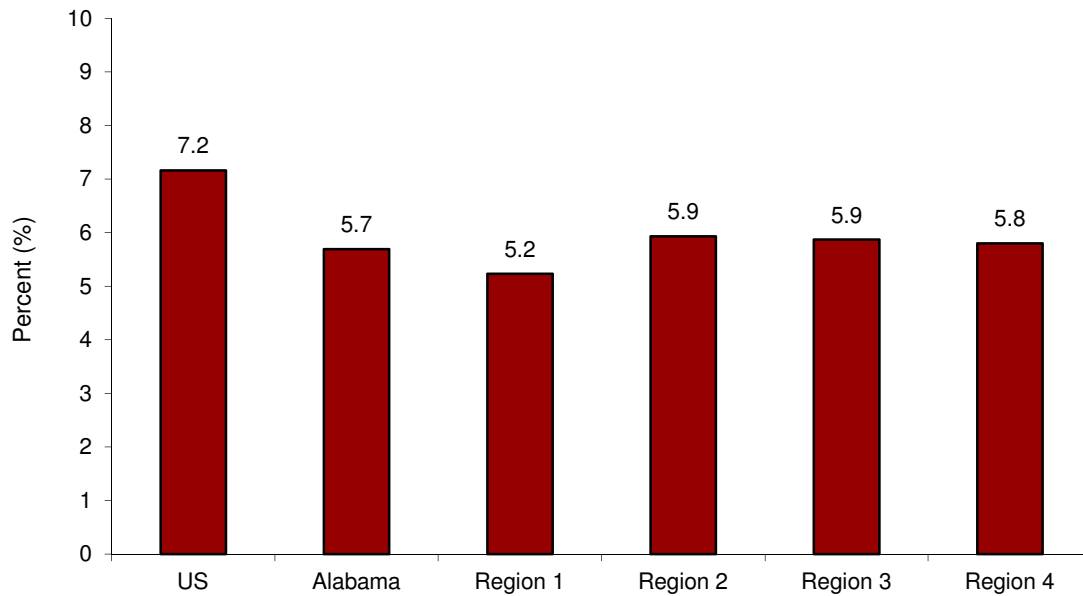
Percentage of Total Admissions Reporting Alcohol as Their Primary Substance of Abuse: 1992-2009						
	1992	1993	1994	1995	1996	1997
AL	58.1	50.9	47.1	46.3	46.3	44.4
	1998	1999	2000	2001	2002	2003
AL	42.7	43.6	41.3	37.4	35.7	32.6
	2004	2005	2006	2007	2008	2009
AL	30.3	29.6	30.1	—	—	35.0

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through November 3, 2010.

Treatment Gap

- The percent of Alabama residents needing treatment for alcohol abuse or dependence was comparable across regions (Figure 19).

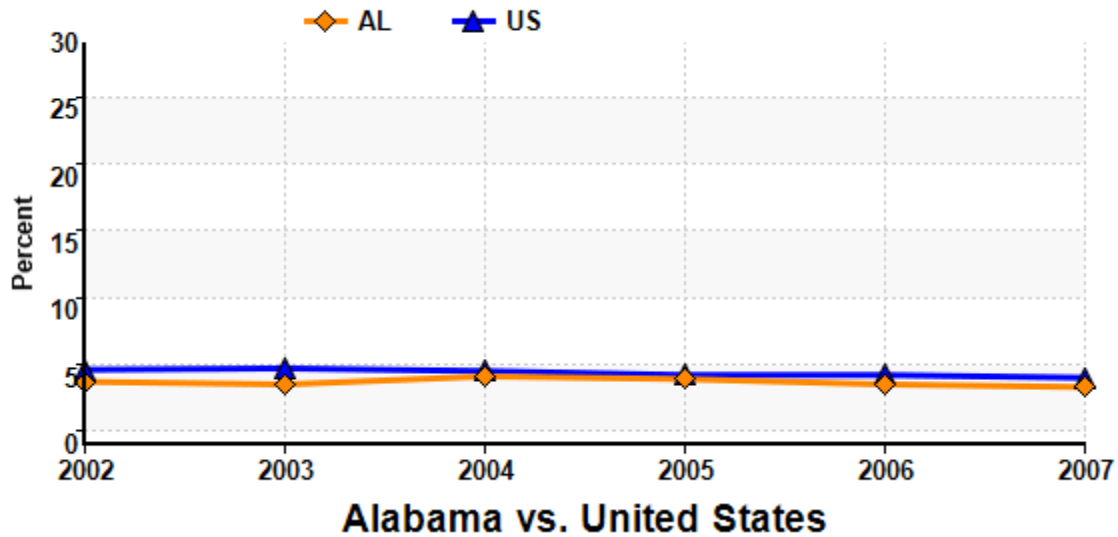
Figure 19 – Percent of persons 12 years and older in Alabama who needed but did not receive treatment for alcohol abuse or dependence by region, 2006-2008



Source: NSDUH

Data combined across multiple years due to small sample size.

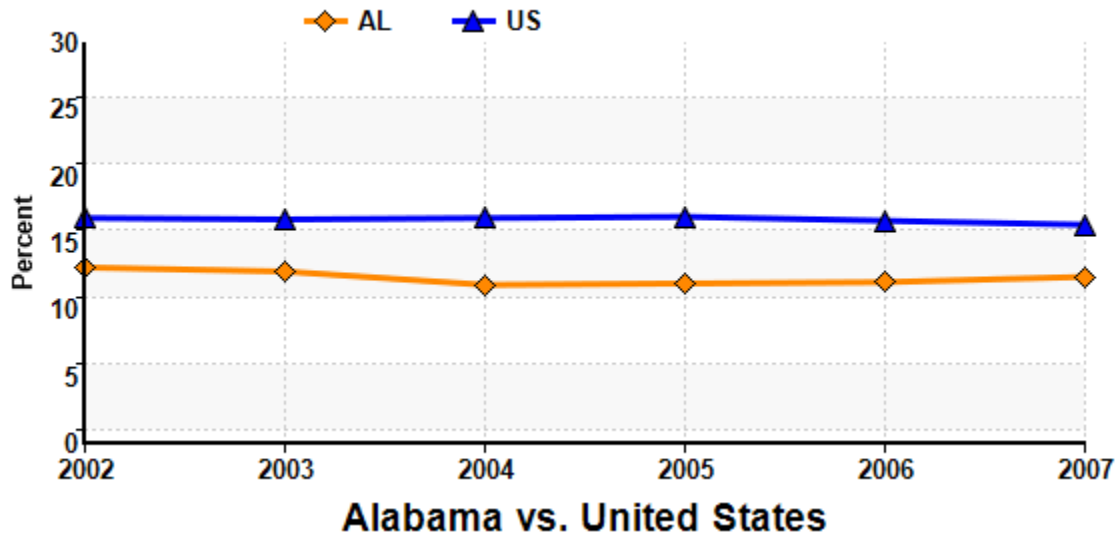
Figure 20 – Percentage of Persons Aged 12-17 Needing but Not Receiving Treatment for Alcohol Use in Past Year: 2002-2003 to 2007-2008



Percentage of Persons Aged 12 to 17 Needing But Not Receiving Treatment for Alcohol Use in Past Year: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	4.7	4.5	5.1	4.9	4.5	4.3
CI	3.5 - 6.1	3.4 - 6.0	3.9 - 6.7	3.6 - 6.5	3.5 - 5.8	3.3 - 5.6
US-Est.	5.6	5.7	5.5	5.2	5.2	5.0

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

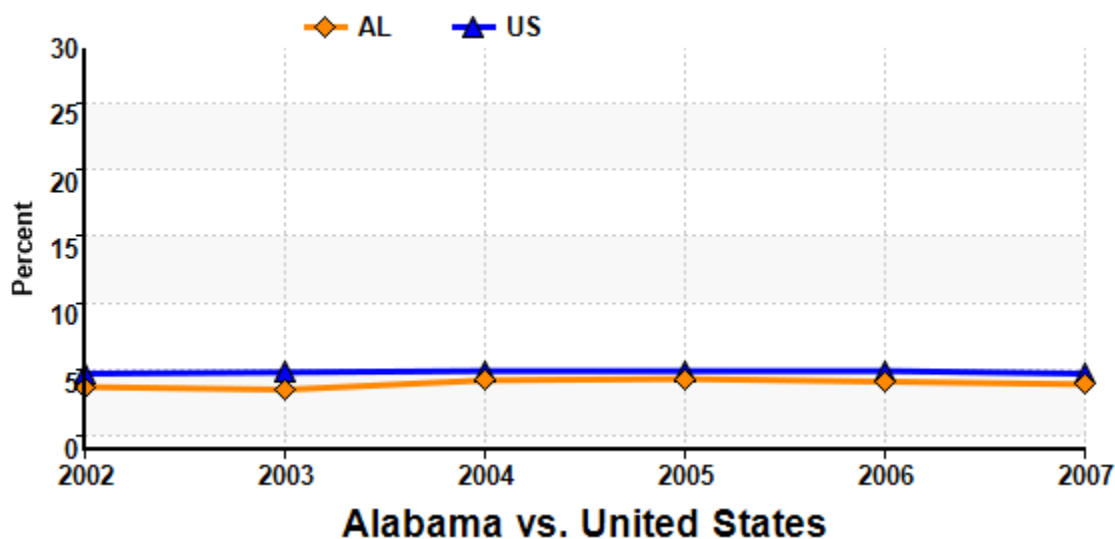
Figure 21 – Percentage of Persons Aged 18-25 Needing but Not Receiving Treatment for Alcohol Use in Past Year: 2002-2003 to 2007-2008



Percentage of Persons Aged 18 to 25 Needing But Not Receiving Treatment for Alcohol Use in Past Year: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	13.2	12.9	11.9	12.0	12.1	12.5
CI	11.0 - 15.8	10.6 - 15.5	9.7 - 14.6	9.7 - 14.6	10.0 - 14.6	10.4 - 14.8
US-Est.	16.9	16.8	16.9	17.0	16.7	16.4

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

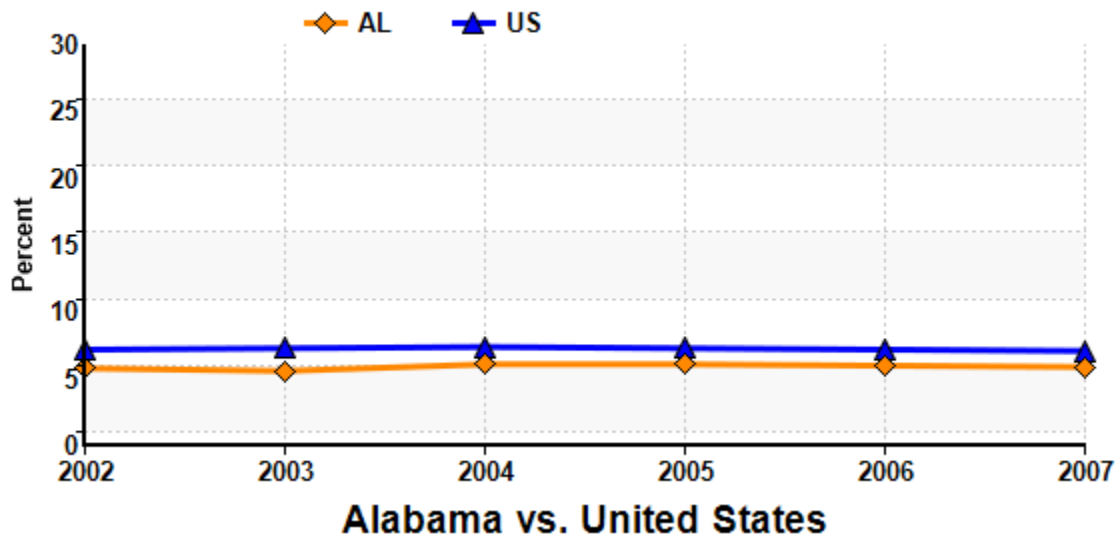
Figure 22 – Percentage of Persons Aged 26 or older Needing but Not Receiving Treatment for Alcohol Use in Past Year: 2002-2003 to 2007-2008



Percentage of Persons Aged 26 or Older Needing But Not Receiving Treatment for Alcohol Use in Past Year: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	4.7	4.5	5.2	5.3	5.1	4.9
CI	3.5 - 6.1	3.4 - 5.9	4.0 - 6.8	4.0 - 6.9	4.0 - 6.5	3.9 - 6.3
US-Est.	5.7	5.8	5.9	5.9	5.9	5.7

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

Figure 23 – Percentage of Persons Aged 12 or Older Needing but Not Receiving Treatment for Alcohol Use in Past Year: 2002-2003 to 2007-2008



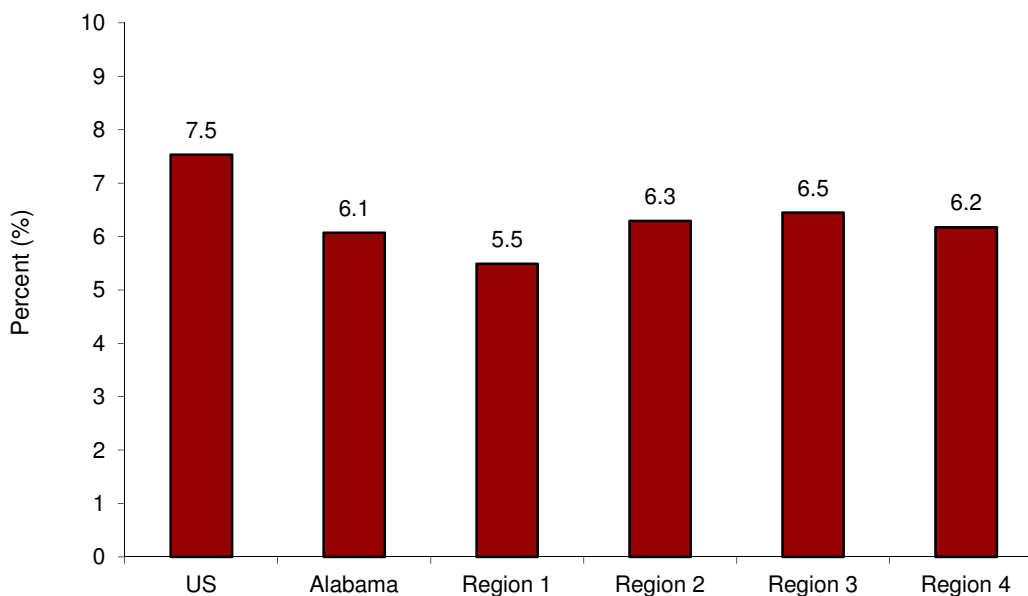
Percentage of Persons Aged 12 or Older Needing But Not Receiving Treatment for Alcohol Use in Past Year: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	5.8	5.6	6.1	6.1	6.0	5.9
CI	4.8 - 7.0	4.6 - 6.9	5.0 - 7.4	5.0 - 7.5	4.9 - 7.2	4.9 - 7.0
US-Est.	7.2	7.3	7.4	7.3	7.2	7.1

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

Abuse or Dependence

- The Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) defines alcohol abuse or dependence as maladaptive patterns of alcohol use leading to clinically significant impairment or distress, and identifies specific criteria for the clinical diagnosis of these conditions based on occurrence within a 12-month period.³
- Alcohol abuse or dependence during youth can lead to continued abuse or dependence in young adulthood if left untreated.

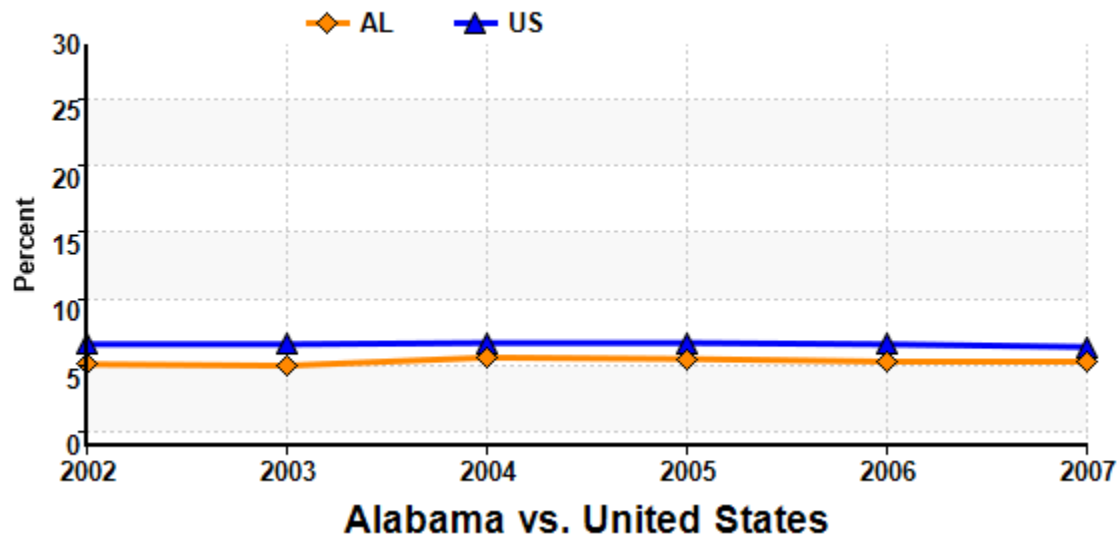
Figure 24 —Percent of persons 12 years and older in Alabama with alcohol abuse or dependence by region, 2006-2008



Source: NSDUH

Data combined across multiple years due to small sample size.

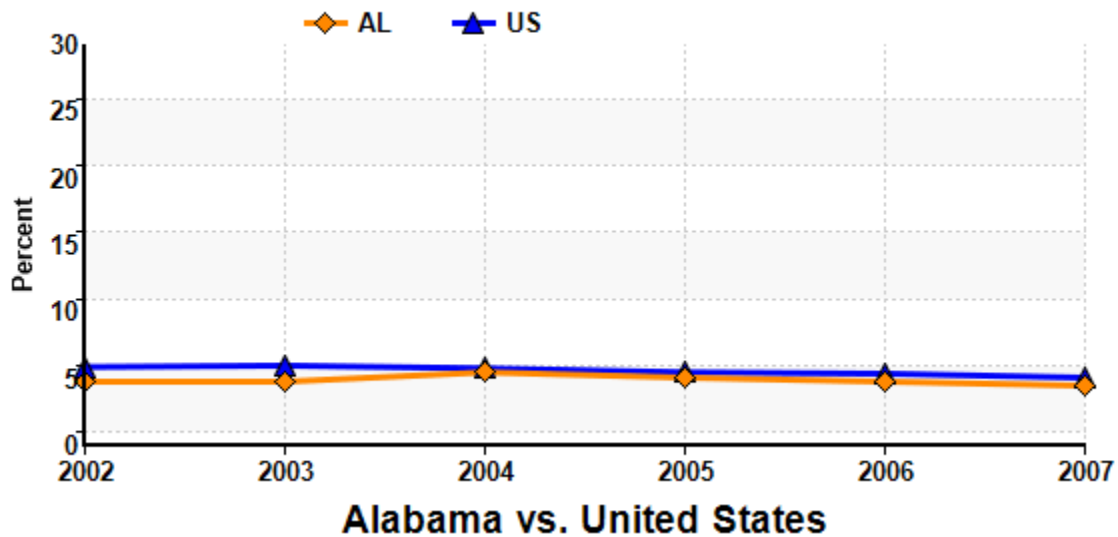
Figure 25 - Percentage of Persons Aged 12 or Older Reporting Dependence on or Abuse of Alcohol: 2002-2003 to 2007 to 2008



Percentage of Persons Aged 12 or Older Reporting Dependence on or Abuse of Alcohol: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	6.1	6.0	6.6	6.5	6.3	6.3
CI	5.0 - 7.3	4.9 - 7.2	5.4 - 7.9	5.4 - 7.8	5.3 - 7.6	5.2 - 7.6
US-Est.	7.6	7.6	7.7	7.7	7.6	7.4

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

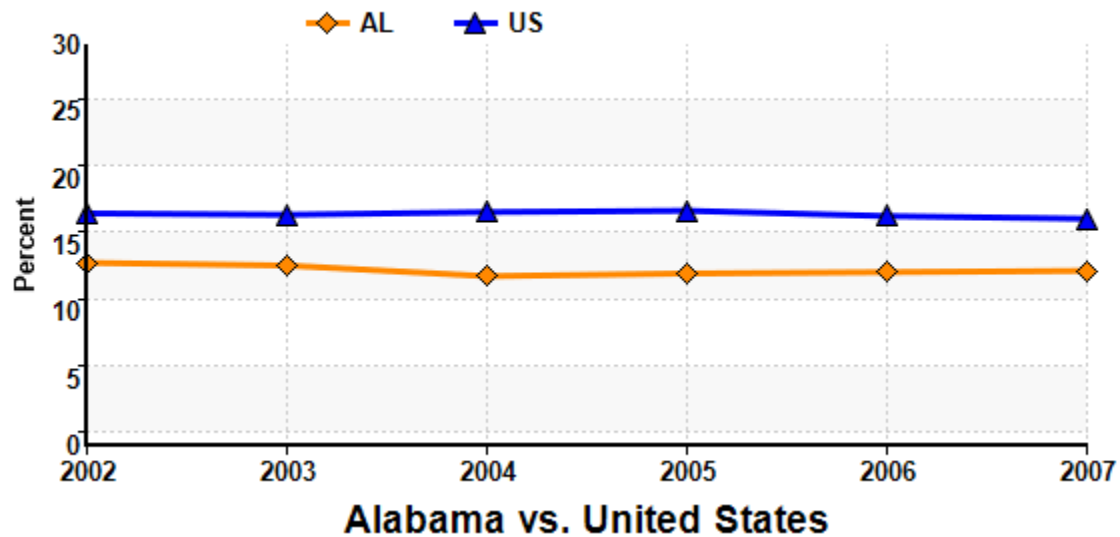
Figure 26 - Percentage of Persons Aged 12 to 17 Reporting Dependence on or Abuse of Alcohol: 2002-2003 to 2007 to 2008



Percentage of Persons Aged 12 to 17 Reporting Dependence on or Abuse of Alcohol: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	4.8	4.8	5.5	5.1	4.8	4.5
CI	3.7 - 6.3	3.6 - 6.4	4.2 - 7.1	3.9 - 6.8	3.8 - 6.2	3.5 - 5.8
US-Est.	5.9	6.0	5.8	5.5	5.4	5.1

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

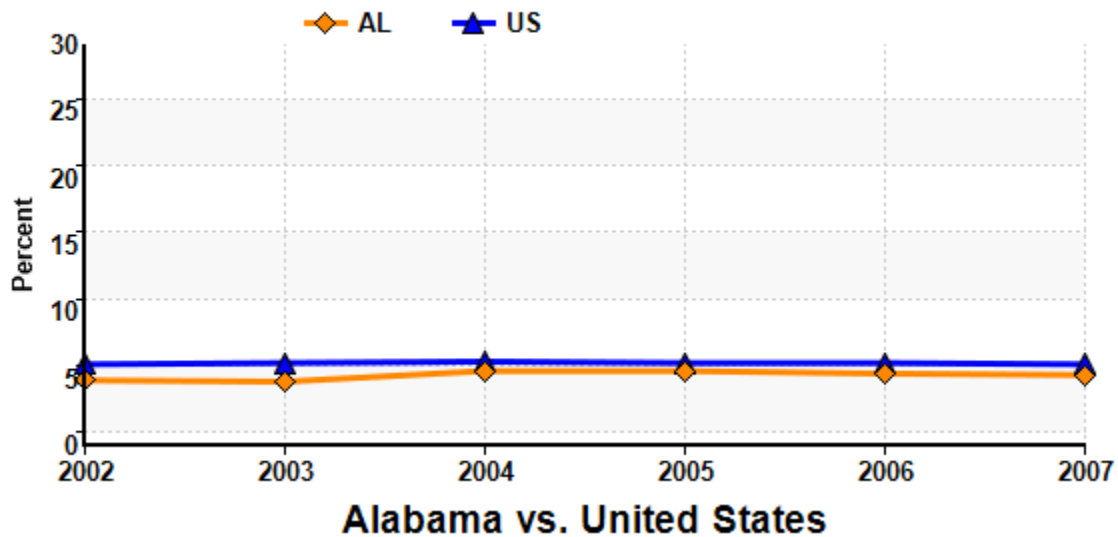
Figure 27 – Percentage of Persons Aged 18 to 25 Reporting Dependence on or Abuse of Alcohol: 2002-2003 to 2007-2008



Percentage of Persons Aged 18 to 25 Reporting Dependence on or Abuse of Alcohol: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	13.7	13.5	12.7	12.9	13.0	13.1
CI	11.4 - 16.3	11.3 - 16.1	10.3 - 15.5	10.6 - 15.6	10.9 - 15.4	10.9 - 15.6
US-Est.	17.4	17.3	17.5	17.6	17.2	17.0

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

Figure 28 – Percentage of Persons 26 or Older Reporting Dependence on or Abuse of Alcohol: 2002-2003 to 2007-2008



Percentage of Persons Aged 26 or Older Reporting Dependence on or Abuse of Alcohol: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	4.9	4.8	5.6	5.6	5.4	5.3
CI	3.8 - 6.4	3.6 - 6.3	4.3 - 7.3	4.3 - 7.2	4.2 - 6.9	4.2 - 6.8
US-Est.	6.1	6.2	6.3	6.2	6.2	6.1

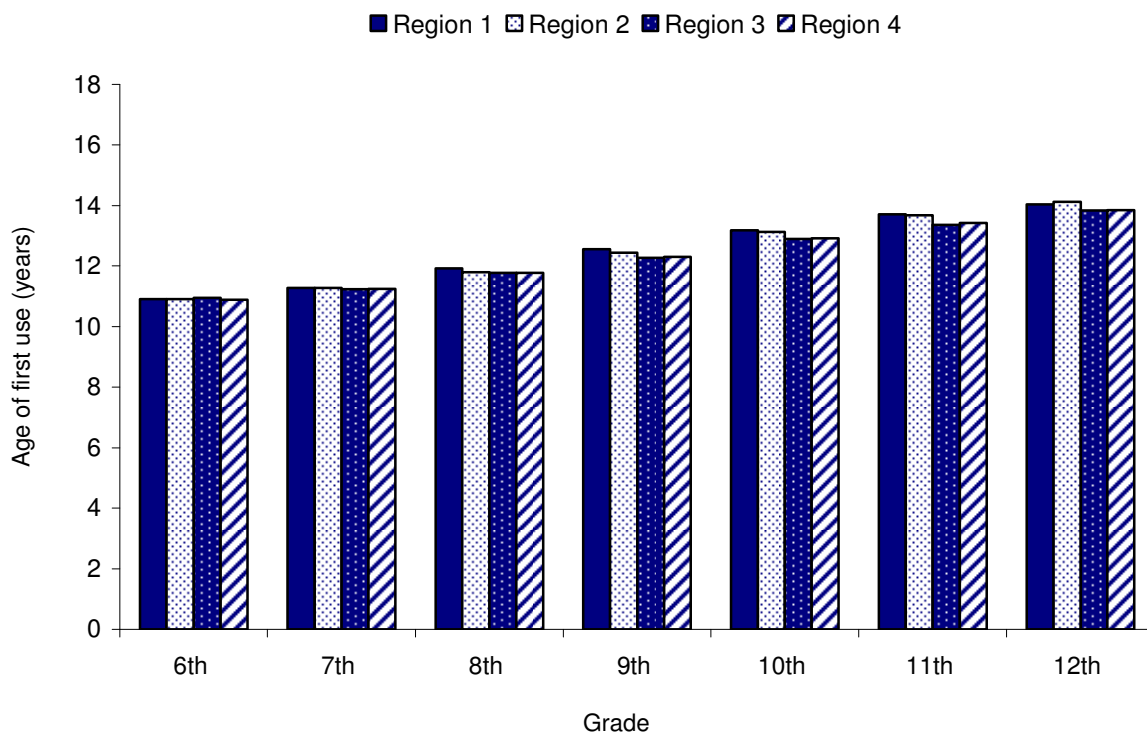
Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

Alcohol Consumption

Age of Initial Use

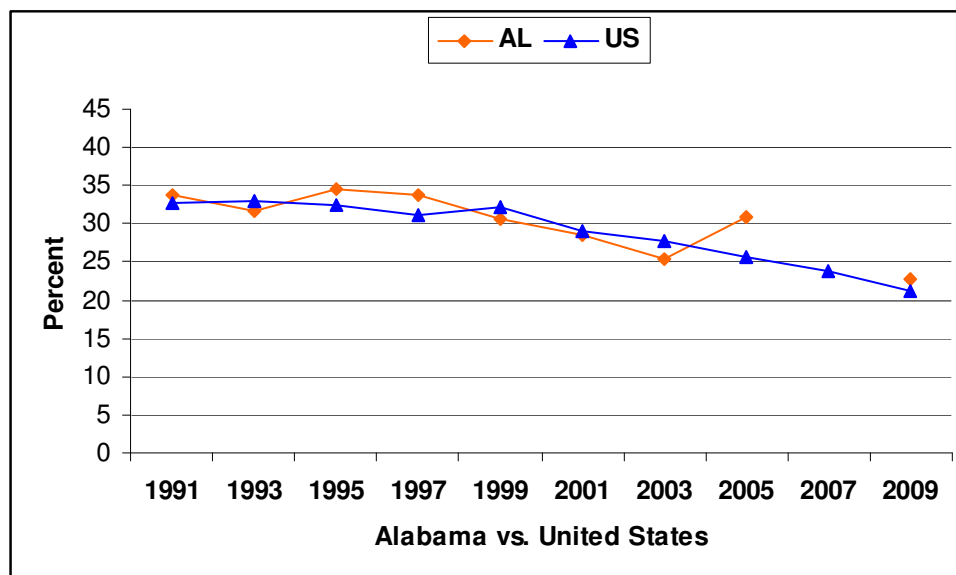
- A factor that may be related to current alcohol use by youth and alcohol abuse in young adulthood is the age at first use of alcohol.⁴
- In each region, age at first use of alcohol increased as school grade increased, with youth in higher grades having later ages at first use compared with youth in lower grades (Figure 29).

Figure 29 —Age at first use of alcohol by grade and region among youth in Alabama, 2009-2010



Source: Alabama Pride Survey

Figure 30 – Percentage of Students in 9th-12th Grade Who Reported First Using Alcohol before Age 13: 1991-2009



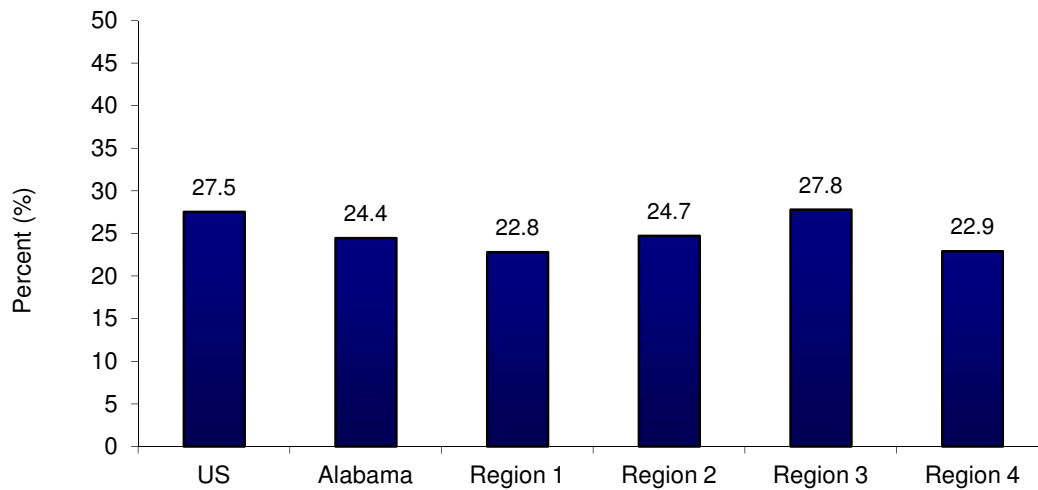
All					
	1991	1993	1995	1997	1999
AL-Est.	33.8	31.7	34.6	33.8	30.7
CI	-	-	-	-	27.7 - 33.7
US-Est.	32.7	32.9	32.4	31.1	32.2
CI	30.2 - 35.2	31.5 - 34.3	30.0 - 34.8	29.4 - 32.8	29.8 - 34.6
	2001	2003	2005	2007	2009
AL-Est.	28.4	25.4	30.9	—	22.8
CI	25.8 - 31.0	23.0 - 27.8	26.3 - 35.5	-	-
US-Est.	29.1	27.8	25.6	23.8	21.1
CI	27.5 - 30.7	25.7 - 29.9	23.9 - 27.3	21.9 - 25.7	19.6 - 22.6

Source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 1991–2009.

Current Use

- Alcohol use among youth was comparable across regions in Alabama, Region 3 had the highest percent of youth reporting alcohol use during the past month (27.8%) while Region 1 had the lowest percent (22.8%); however these differences were not statistically significant (Figure 31).

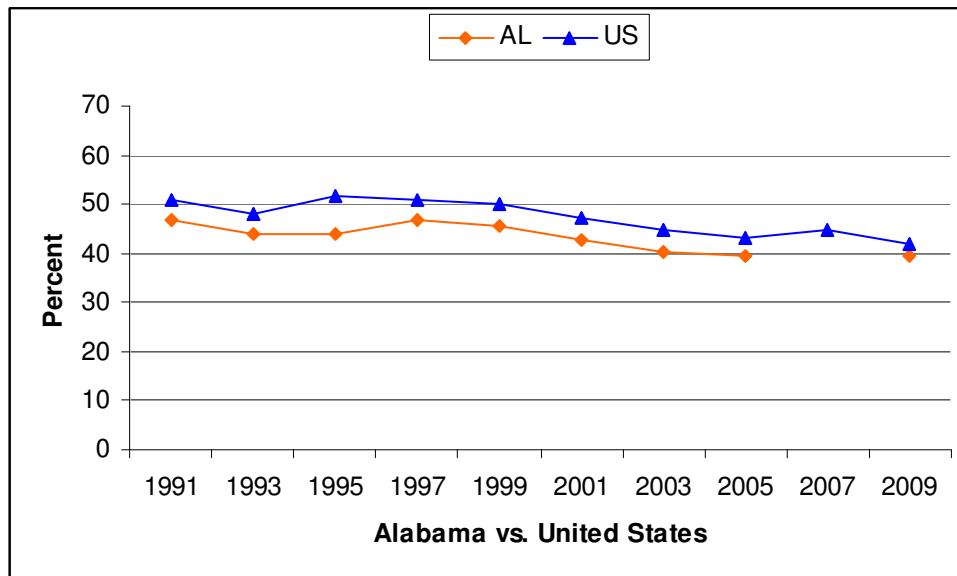
Figure 31 – Percent of youth (ages 12 to 20) in Alabama who reported alcohol use during the past month by region, 2006-2008



Source: NSDUH

Data combined across multiple years due to small sample size.

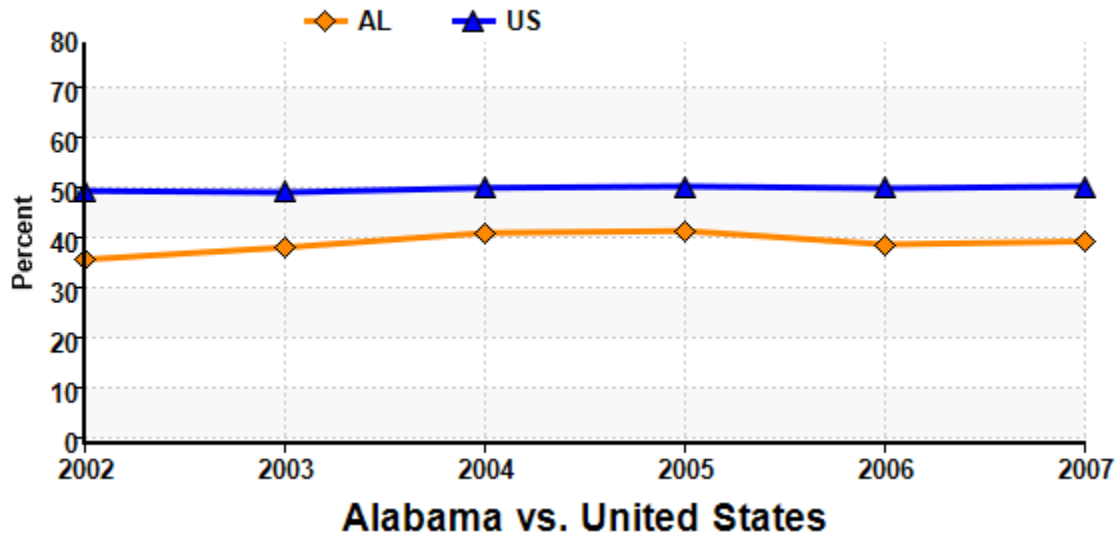
Figure 32 – Percentage of Students in 9th-12th Grade Reporting Any Use of Alcohol in the Past 30 Days: 1991-2009



All					
	1991	1993	1995	1997	1999
AL-Est.	46.8	43.9	43.9	46.7	45.4
CI	-	-	-	-	42.6 - 48.2
US-Est.	50.8	48.0	51.6	50.8	50.0
CI	48.0 - 53.6	45.9 - 50.1	49.3 - 53.9	48.0 - 53.6	47.5 - 52.5
	2001	2003	2005	2007	2009
AL-Est.	42.6	40.2	39.4	—	39.5
CI	39.1 - 46.1	36.2 - 44.2	34.4 - 44.4	-	-
US-Est.	47.1	44.9	43.3	44.7	41.8
CI	44.9 - 49.3	42.5 - 47.3	40.6 - 46.0	42.4 - 47.0	40.2 - 43.4

Source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 1991–2009.

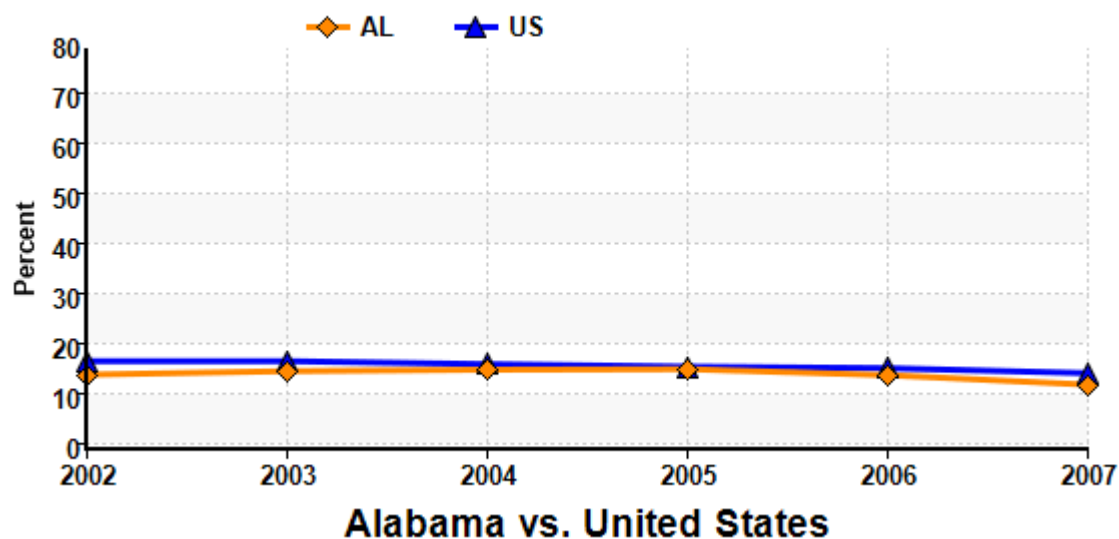
Figure 33 – Percentage of Persons 12 or Older Reporting Any Use of Alcohol within the Past 30 Days: 2002-2003 to 2007-2008



Percentage of Persons Aged 12 or Older Reporting Any Use of Alcohol within the Past 30 Days: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	36.8	39.2	42.1	42.5	39.8	40.4
CI	33.8 - 40.0	35.9 - 42.6	38.7 - 45.5	39.2 - 45.8	36.9 - 42.9	37.3 - 43.5
US-Est.	50.5	50.2	51.1	51.4	51.0	51.4

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

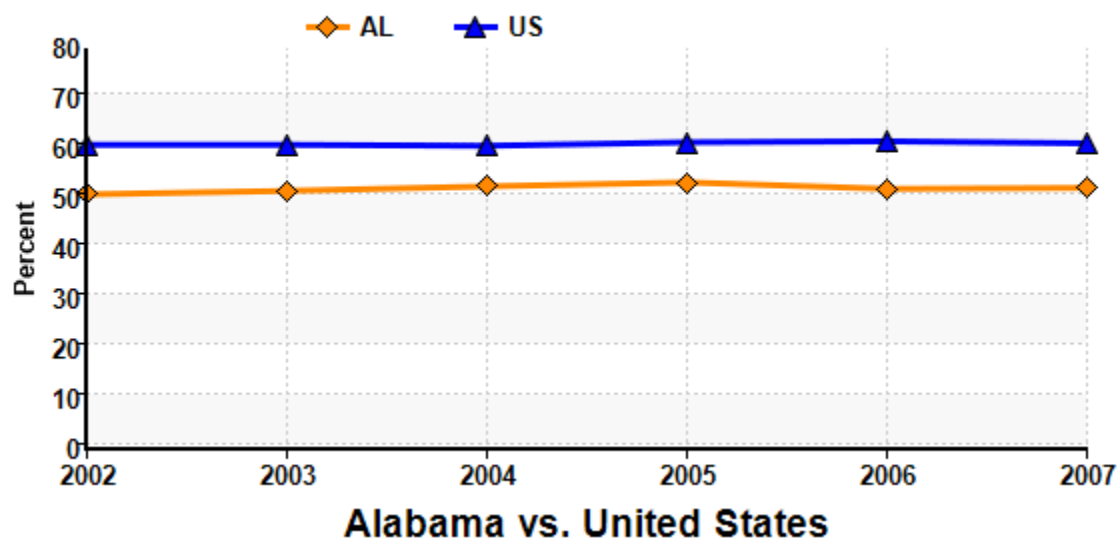
Figure 34 – Percentage of Persons Aged 12 to 17 Reporting Any Use of Alcohol within the Past 30 Days: 2002-2003 to 2007-2008



Percentage of Persons Aged 12 to 17 Reporting Any Use of Alcohol within the Past 30 Days: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	15.0	15.7	16.0	16.1	14.9	13.0
CI	12.7 - 17.6	13.4 - 18.3	13.6 - 18.7	13.8 - 18.8	12.8 - 17.4	11.0 - 15.3
US-Est.	17.7	17.7	17.1	16.6	16.3	15.3

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

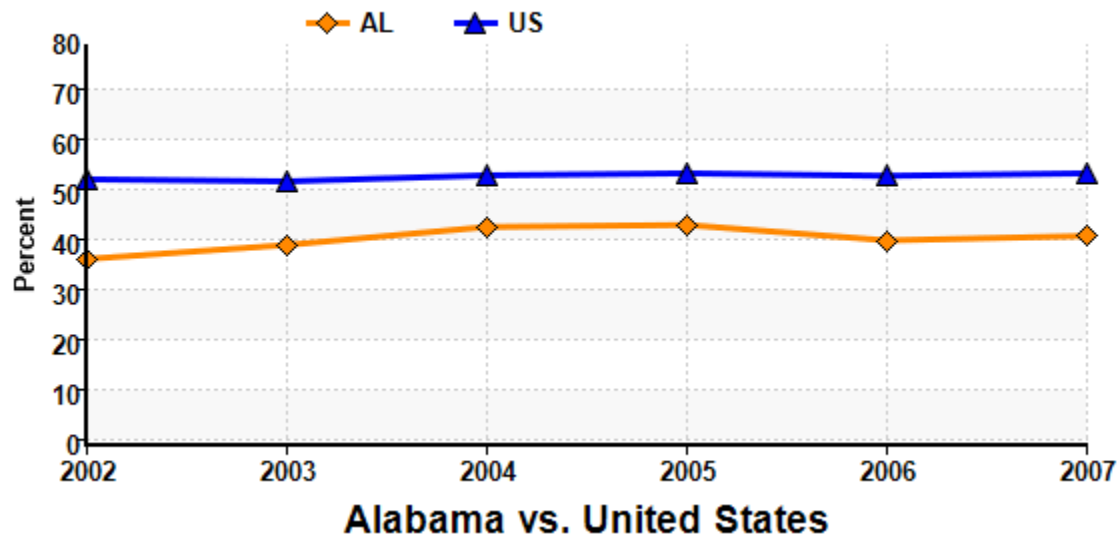
Figure 35 – Percentage of Persons Aged 18 to 25 Reporting Any Use of Alcohol within the Past 30 Days: 2002-2003 to 2007-2008



Percentage of Persons Aged 18 to 25 Reporting Any Use of Alcohol within the Past 30 Days: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	51.0	51.7	52.6	53.4	52.1	52.3
CI	47.2 - 54.8	47.7 - 55.7	48.6 - 56.7	49.5 - 57.3	48.2 - 55.9	48.5 - 56.2
US-Est.	60.9	60.9	60.7	61.4	61.6	61.2

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

Figure 36 – Percentage of Persons Aged 26 or Older Reporting Any Use of Alcohol within the Past 30 Days: 2002-2003 to 2007-2008

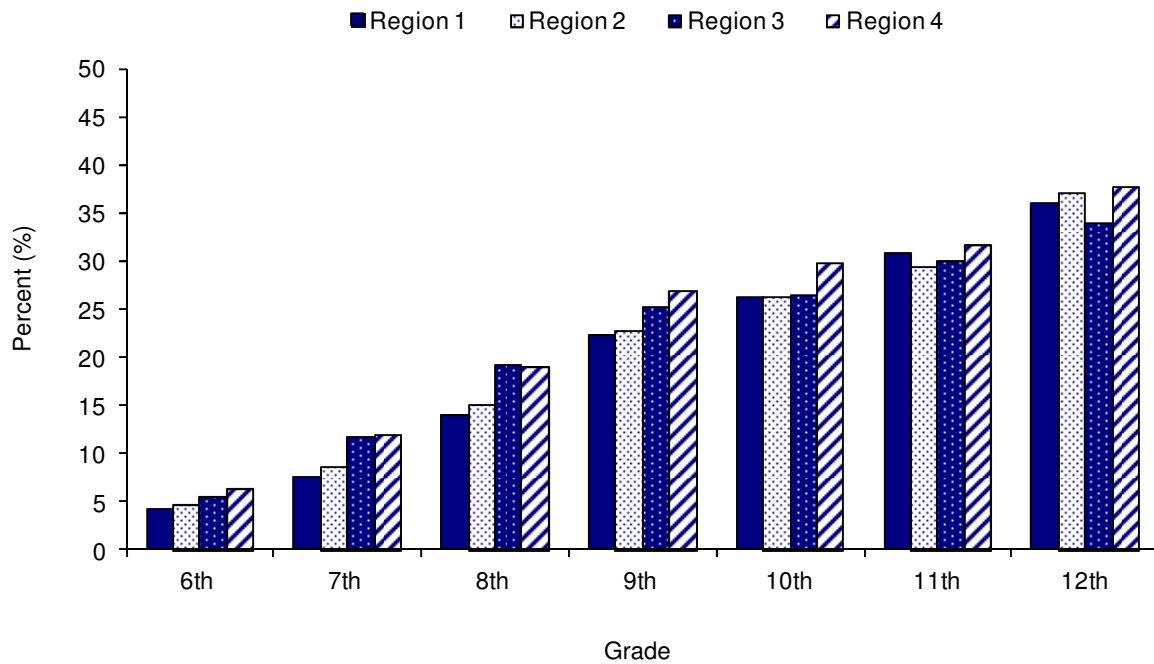


Percentage of Persons Aged 26 or Older Reporting Any Use of Alcohol within the Past 30 Days: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	37.3	40.1	43.7	44.1	41.0	41.9
CI	33.5 - 41.2	36.0 - 44.3	39.5 - 48.0	40.0 - 48.2	37.4 - 44.8	38.1 - 45.7
US-Est.	53.2	52.8	54.0	54.4	53.9	54.4

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

- As school grade increased, the percent of students in Alabama who reported using alcohol during the past month increased for all regions (Figure 37). Alcohol use by school grade was comparable across regions.

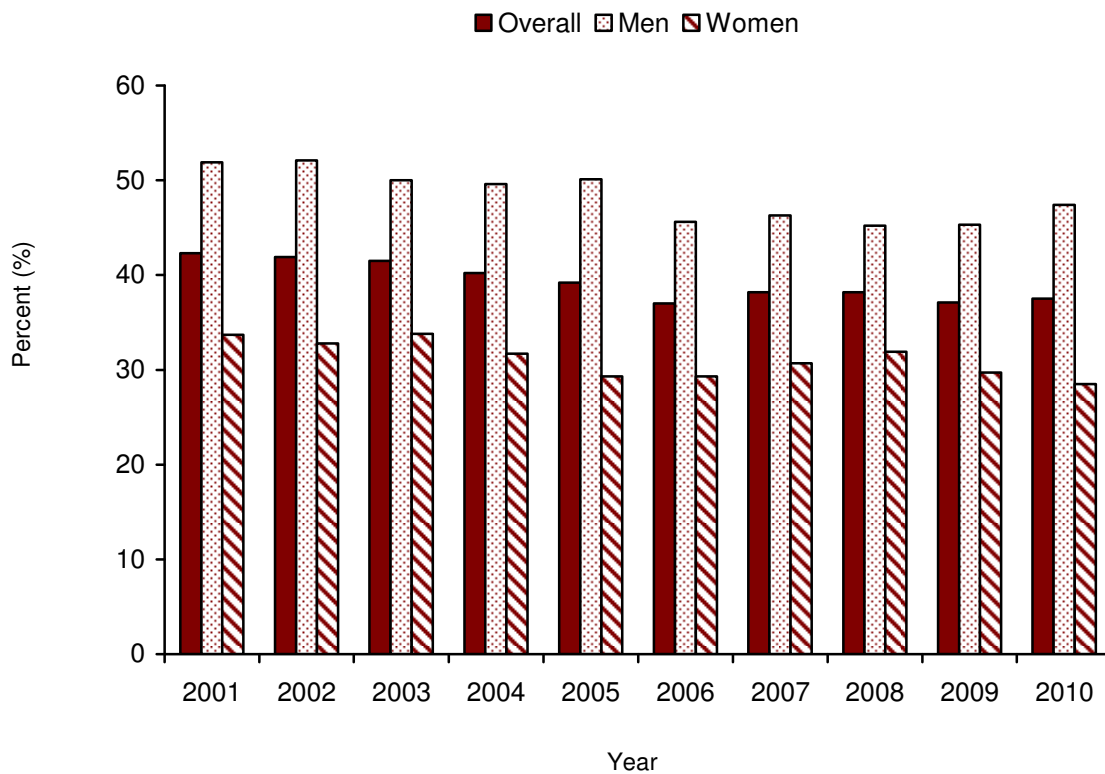
Figure 37 – Percent of youth in Alabama who reported using alcohol during the past month by school grade and region, 2009-2010



Source: Alabama Pride Survey

- Overall, current alcohol use was lower in Alabama (37.5%) in 2010 compared with the national median (54.6%).
- More Alabama men (47.4%) reported current use of alcohol than Alabama women (28.5%) in 2010, which was consistent with significant gender differences observed in earlier years (Figure 36).

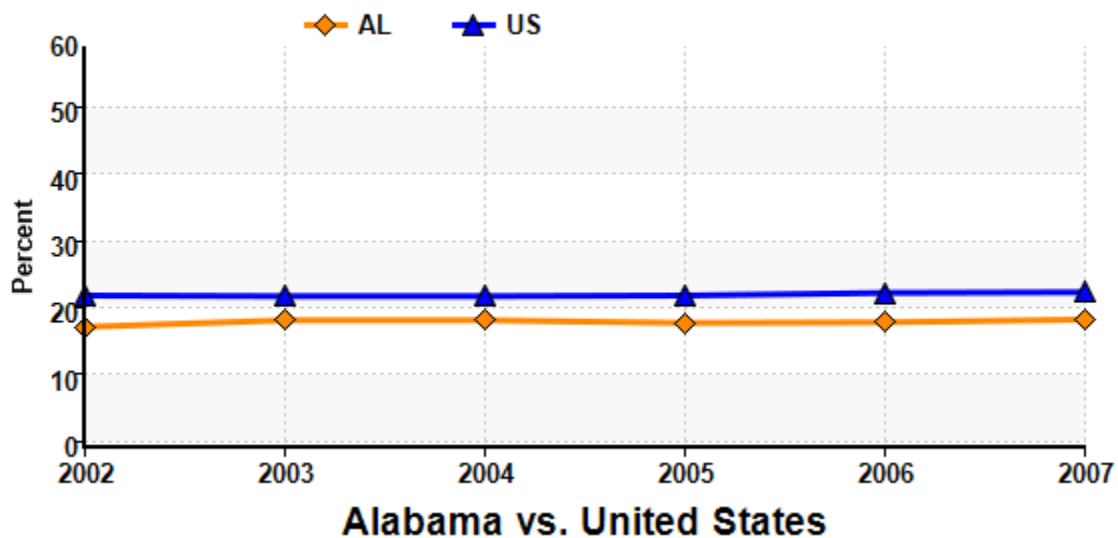
Figure 38 – Percent of Alabama adults who had at least one alcoholic drink in past 30 days by gender, 2001-2010



Current Binge Drinking

- While moderate consumption of alcohol has been associated with positive health outcomes, excessive alcohol intake can have adverse health effects.⁵
- According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA) binge drinking is defined as a pattern of alcohol consumption that brings the blood alcohol concentration (BAC) level to 0.08% or more. This pattern of drinking usually corresponds to 5 or more drinks on a single occasion for men or 4 or more drinks on a single occasion for women, generally within about 2 hours¹⁹.

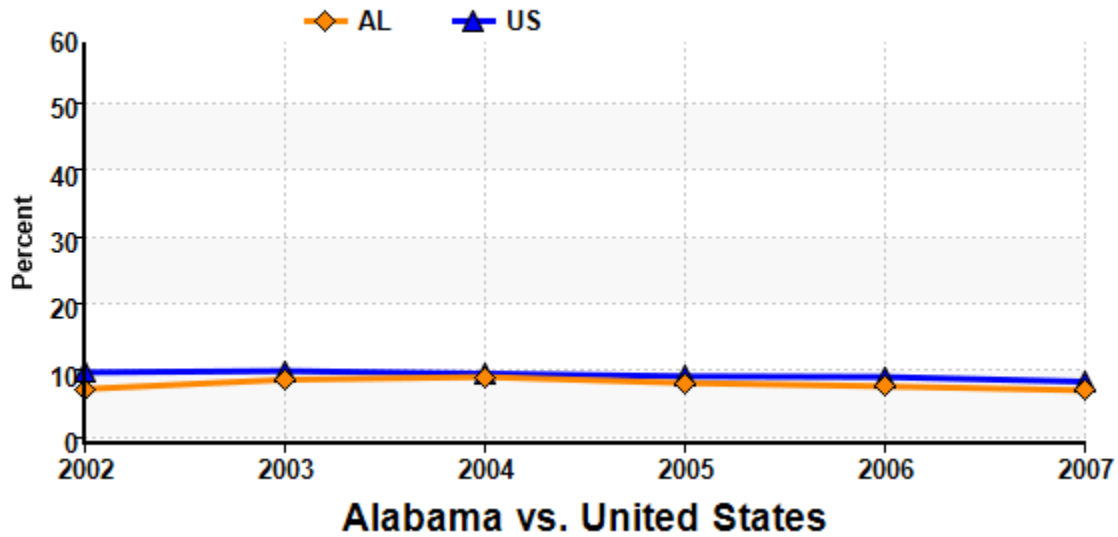
Figure 39 – Percentage of Persons Aged 12 or Older Reporting Having Five or More Drinks on at Least One Occasion within the Past 30 Days: 2002-2003 to 2007-2008



Percentage of Persons Aged 12 or Older Reporting Having Five or More Drinks on at Least One Occasion within the Past 30 Days: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	18.1	19.1	19.1	18.7	18.8	19.2
CI	15.9 - 20.5	17.0 - 21.5	16.9 - 21.5	16.5 - 21.2	16.7 - 21.1	17.1 - 21.4
US-Est.	22.8	22.7	22.7	22.8	23.2	23.3

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

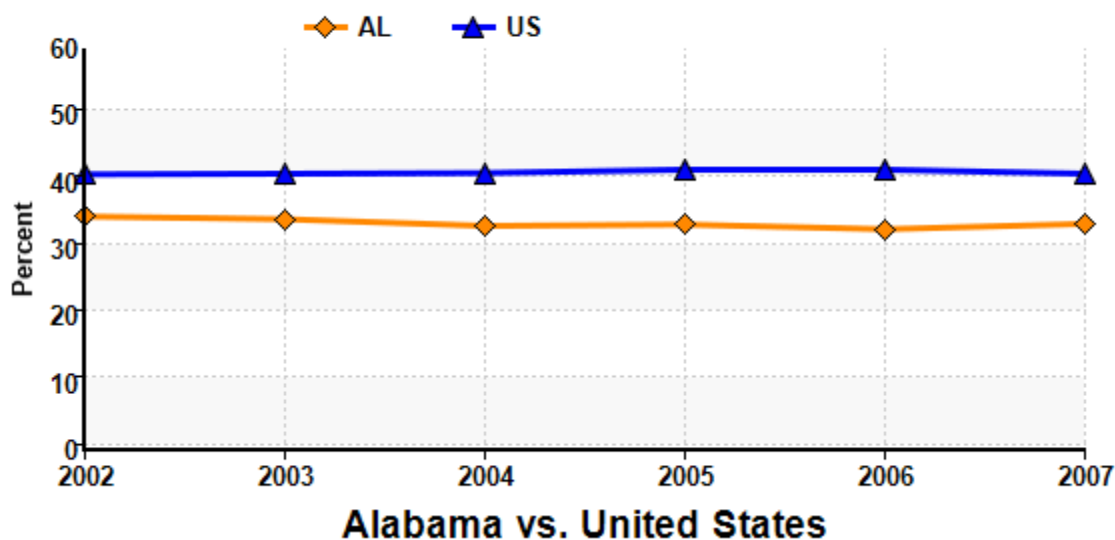
Figure 40 – Percentage of Persons Aged 12 to 17 Reporting Having Five or More Drinks on at Least One Occasion within the Past 30 Days: 2002-2003 to 2007-2008



Percentage of Persons Aged 12 to 17 Reporting Having Five or More Drinks on at Least One Occasion within the Past 30 Days: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	8.2	9.6	10.0	9.1	8.6	8.0
CI	6.7 - 10.1	7.9 - 11.5	8.2 - 12.3	7.4 - 11.2	7.1 - 10.4	6.5 - 9.7
US-Est.	10.7	10.9	10.5	10.1	10.0	9.3

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

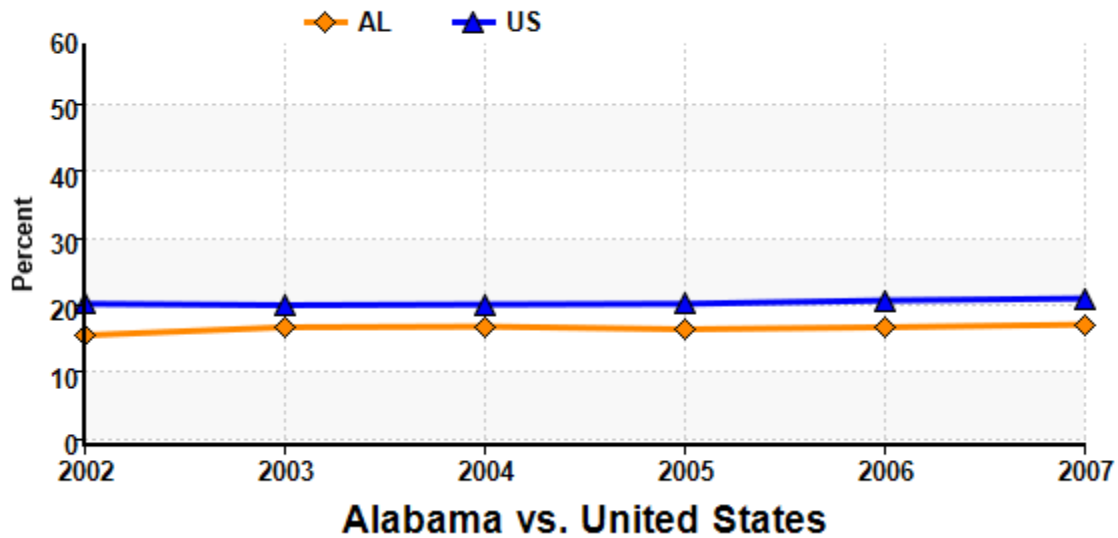
Figure 41 – Percentage of Persons Aged 18 to 25 Reporting Having Five or More Drinks on at Least One Occasion within the Past 30 Days: 2002-2003 to 2007-2008



Percentage of Persons Aged 18 to 25 Reporting Having Five or More Drinks on at Least One Occasion within the Past 30 Days: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	35.0	34.6	33.6	33.8	33.1	33.9
CI	31.5 - 38.6	31.2 - 38.1	30.0 - 37.4	30.2 - 37.6	29.6 - 36.7	30.4 - 37.7
US-Est.	41.3	41.4	41.5	42.0	42.0	41.4

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

Figure 42 – Percentage of Persons Aged 26 or Older Reporting Having Five or More Drinks on at Least One Occasion within the Past 30 Days: 2002-2003 to 2007-2008

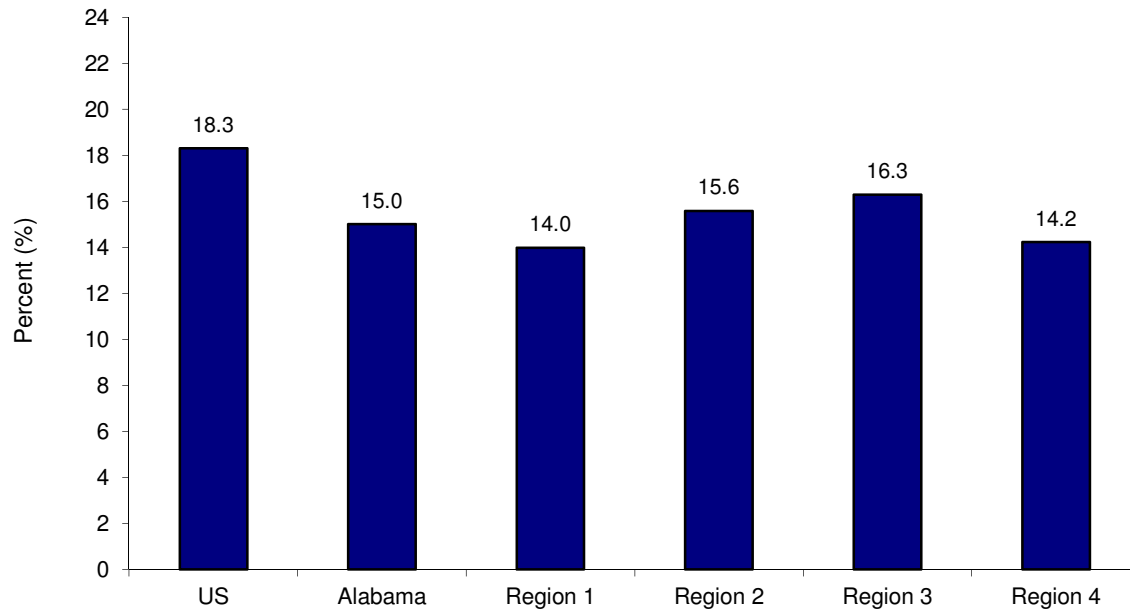


Percentage of Persons Aged 26 or Older Reporting Having Five or More Drinks on at Least One Occasion within the Past 30 Days: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	16.5	17.7	17.8	17.4	17.7	18.1
CI	13.8 - 19.4	15.1 - 20.6	15.2 - 20.7	14.8 - 20.4	15.2 - 20.5	15.6 - 20.8
US-Est.	21.2	21.0	21.1	21.2	21.7	22.0

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

- In 2006-2008, binge drinking among youth in Alabama was slightly lower (15.0%) than the national average (18.3%) (Figure 43).
- Binge drinking among youth was comparable across regions. Region 3 had the highest percent of youth reporting binge drinking (16.3%) while Region 1 has the lowest percent (14.0%); however, these differences were not statistically significant (Figure 43).

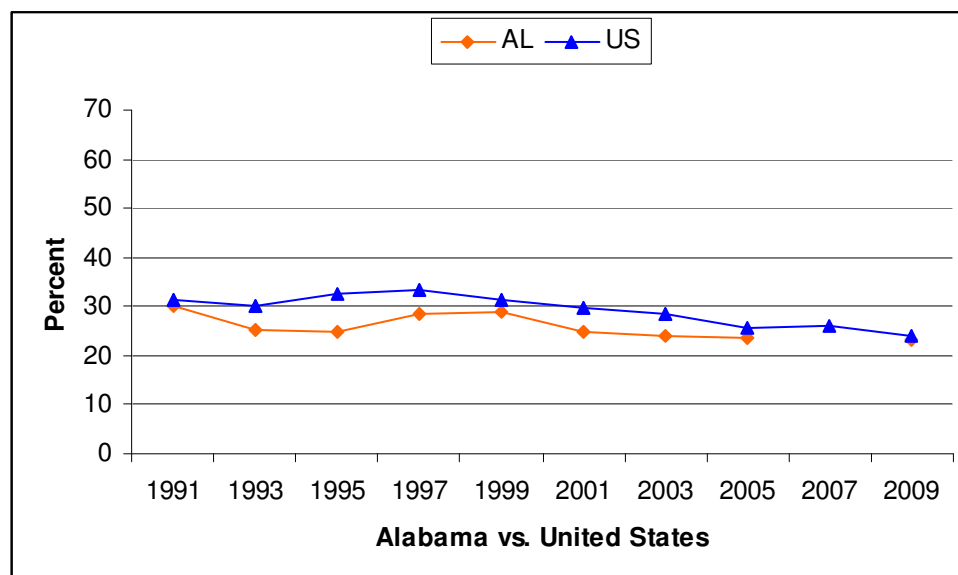
Figure 43 – Percent of youth (ages 12-20) in Alabama who reported binge drinking (5 or more alcoholic beverages within a few hours) by region, 2006-2008



Source: NSDUH

Data combined across multiple years due to small sample size.

Figure 44 – Percentage of Students in 9th-12th Grade Who Reported Having Five or More Drinks on at Least One Occasion in the Past 30 Days: 1991-2009

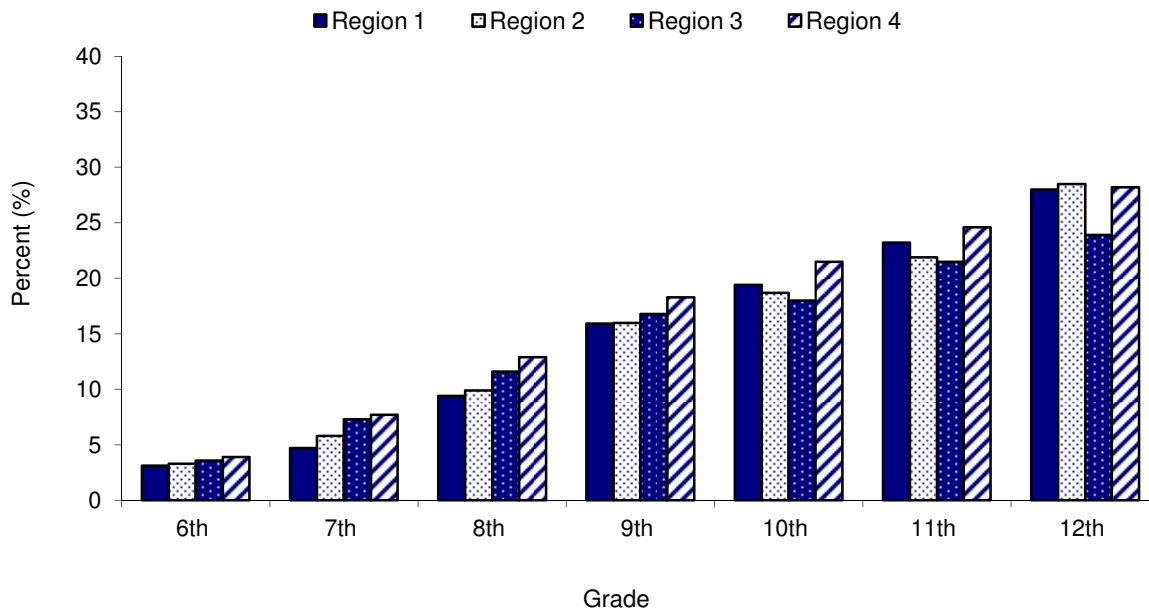


All					
	1991	1993	1995	1997	1999
AL-Est.	30.3	25.4	25	28.5	29.0
CI	-	-	-	-	25.9 - 32.1
US-Est.	31.3	30.0	32.6	33.4	31.5
CI	28.7 - 33.9	28.2 - 31.8	29.6 - 35.6	31.3 - 35.5	29.6 - 33.4
	2001	2003	2005	2007	2009
AL-Est.	25.0	24.2	23.8	—	23.1
CI	21.2 - 28.8	20.6 - 27.8	20.5 - 27.1	-	-
US-Est.	29.9	28.3	25.5	26.0	24.2
CI	27.9 - 31.9	26.3 - 30.3	23.3 - 27.7	24.0 - 28.0	22.5 - 25.9

Source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 1991–2009.

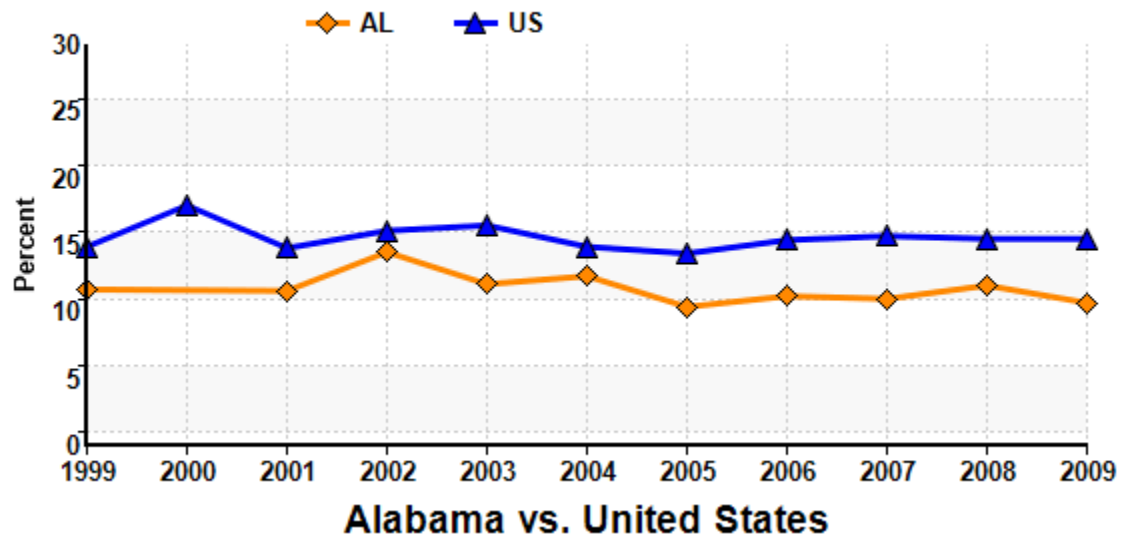
- The percent of youth in Alabama who reported binge drinking increased as school grade increased (Figure 45).
- Binge drinking was comparable across regions, with a slightly higher percent of youth in 6th-11th grades in Region 4 reporting binge drinking compared with the other regions (Figure 45).

Figure 45 – Percent of youth in Alabama who reported binge drinking (5 or more alcoholic beverages within a few hours) by grade and region, 2009-2010



Source: Alabama Pride Survey

**Figure 46 – Percentage of Persons Aged 18 or Older Reporting Binge Alcohol Use:
1999-2009**

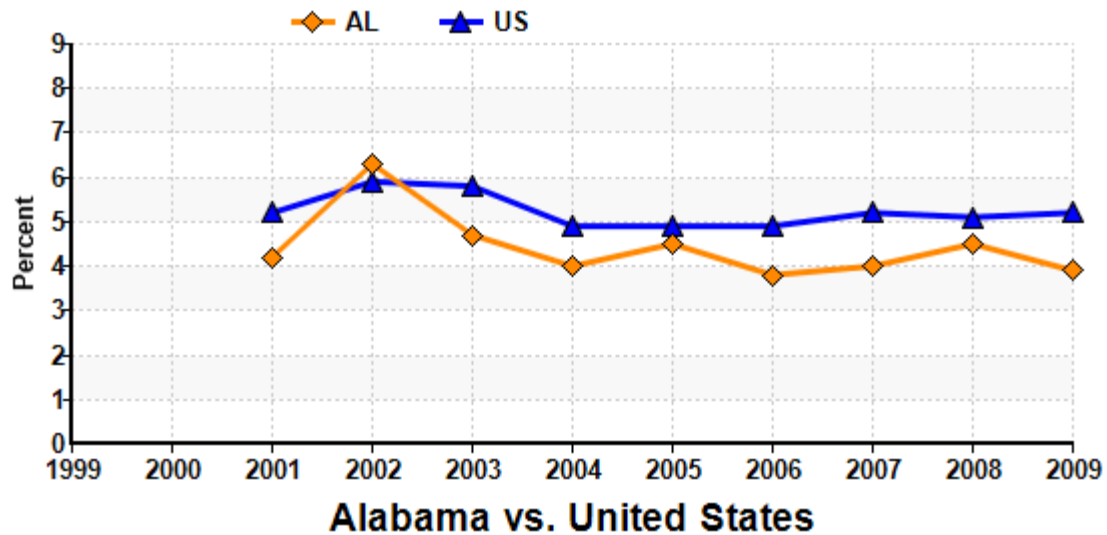


All						
	1999	2000	2001	2002	2003	2004
AL-Est.	11.7	—	11.6	14.5	12.1	12.7
CI	10.1 - 13.3		10.0 - 13.2	12.7 - 16.3	10.5 - 13.7	11.3 - 14.1
US-Est.	14.9	18.0	14.8	16.1	16.5	14.9
	2005	2006	2007	2008	2009	
AL-Est.	10.4	11.2	11.0	12.0	10.7	
CI	8.8 - 12.0	9.6 - 12.8	9.6 - 12.4	10.4 - 13.6	9.3 - 12.1	
US-Est.	14.4	15.4	15.7	15.5	15.5	

Source: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 1999–2009.

Current Heavy Drinking

Figure 47 – Percentage of Persons Aged 18 or Older Reporting Heavy Alcohol Use: 1999-2009



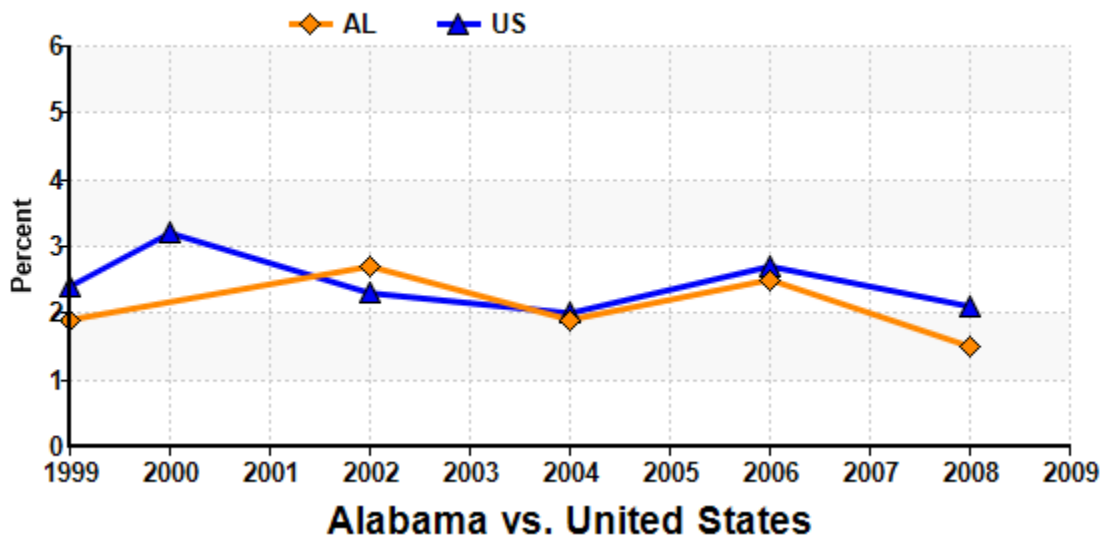
All						
	1999	2000	2001	2002	2003	2004
AL-Est.	—	—	4.2	6.3	4.7	4
CI			3.2 - 5.2	5.1 - 7.5	3.7 - 5.7	3.2 - 4.8
US-Est.	—	—	5.2	5.9	5.8	4.9
	2005	2006	2007	2008	2009	
AL-Est.	4.5	3.8	4.0	4.5	3.9	
CI	3.5 - 5.5	3.0 - 4.6	3.2 - 4.8	3.5 - 5.5	3.1 - 4.7	
US-Est.	4.9	4.9	5.2	5.1	5.2	

Source: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 1999–2009.

Drinking and Driving

- Alcohol use is associated with risky behaviors, such as drinking and driving.

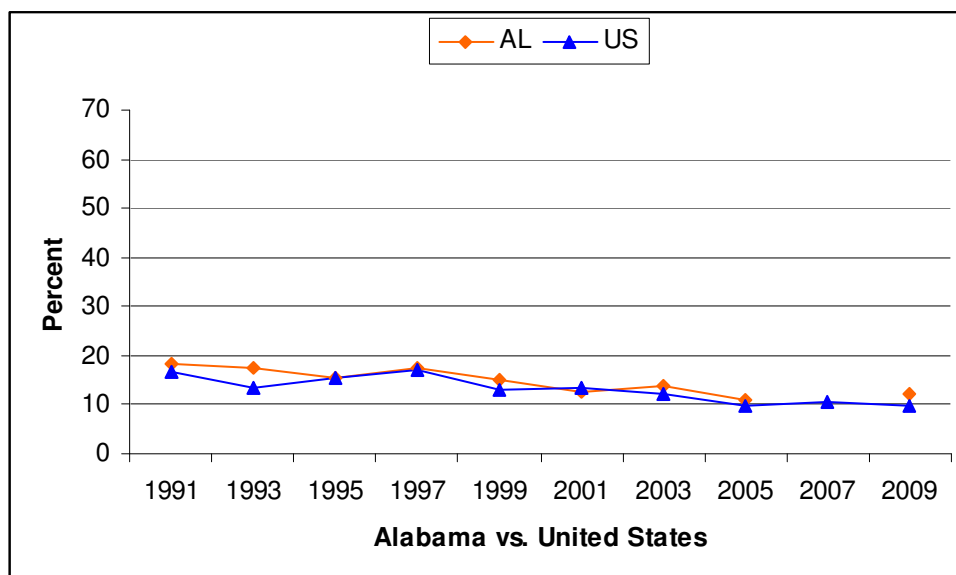
Figure 48 – Percentage of Persons Aged 18 or Older Reporting Driving after Drinking: 1999-2009



All						
	1999	2000	2001	2002	2003	2004
AL-Est.	1.9	—	—	2.7	—	1.9
CI	1.3 - 2.5			1.9 - 3.5		1.3 - 2.5
US-Est.	2.4	3.2	—	2.3	—	2.0
	2005	2006	2007	2008	2009	
AL-Est.	—	2.5	—	1.5	—	
CI		1.5 - 3.5		0.9 - 2.1		
US-Est.	—	2.7	—	2.1	—	

Source: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 1999–2009.

Figure 49 – Percentage of Student in 9th-12th Grade Who Reported Driving When They Had Been Drinking Alcohol: 1991-2009

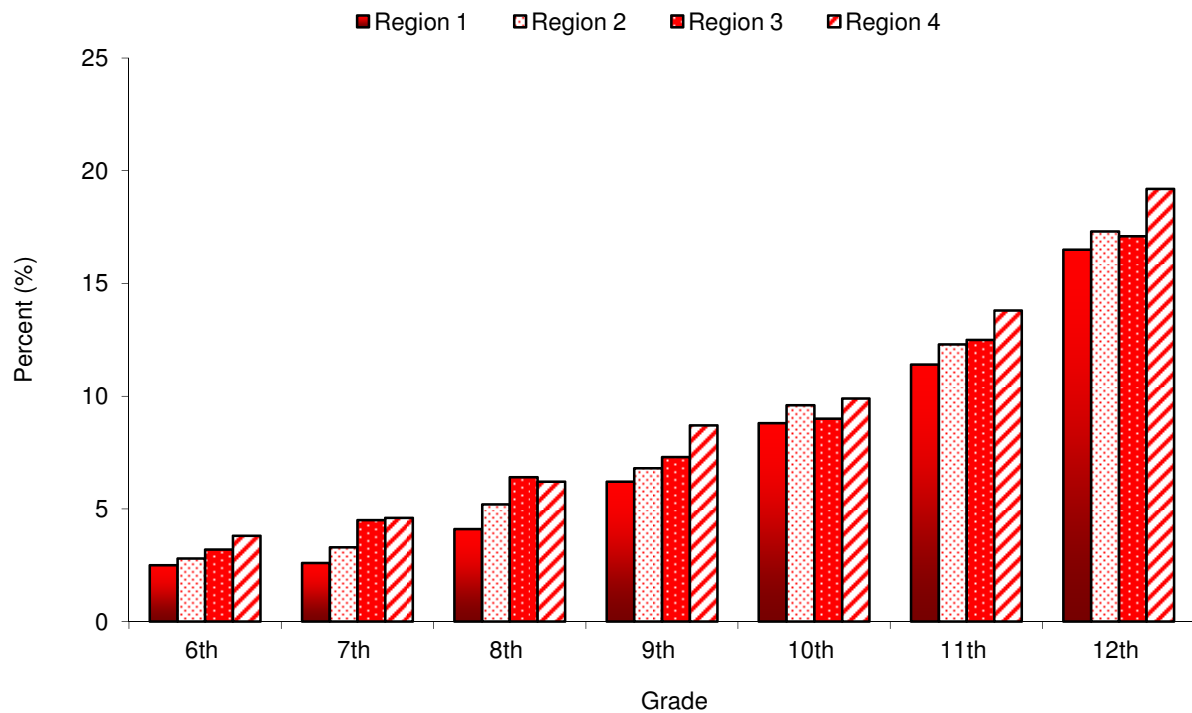


All					
	1991	1993	1995	1997	1999
AL-Est.	18.3	17.3	15.6	17.3	15.0
CI	-	-	-	-	13.3 - 16.7
US-Est.	16.7	13.5	15.4	16.9	13.1
CI	14.9 - 18.5	11.6 - 15.4	12.1 - 18.7	14.1 - 19.7	11.9 - 14.3
	2001	2003	2005	2007	2009
AL-Est.	12.7	14.0	11.1	—	12.3
CI	10.2 - 15.2	10.6 - 17.4	9.1 - 13.1	-	-
US-Est.	13.3	12.1	9.9	10.5	9.7
CI	11.8 - 14.8	10.9 - 13.3	8.9 - 10.9	9.2 - 11.8	8.6 - 10.8

Source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 1991–2009.

- The percent of youth in Alabama who reported driving a car after or while drinking increased as school grade increased (Figure 50).
- Drinking and driving among youth was comparable across regions, although region 4 has a higher percent of youth in 9th-12th grades who reported drinking and driving compared with the other regions (Figure 50).

Figure 50 – Percent of youth in Alabama who reported driving a car after or while drinking alcohol by grade and region, 2009-2010

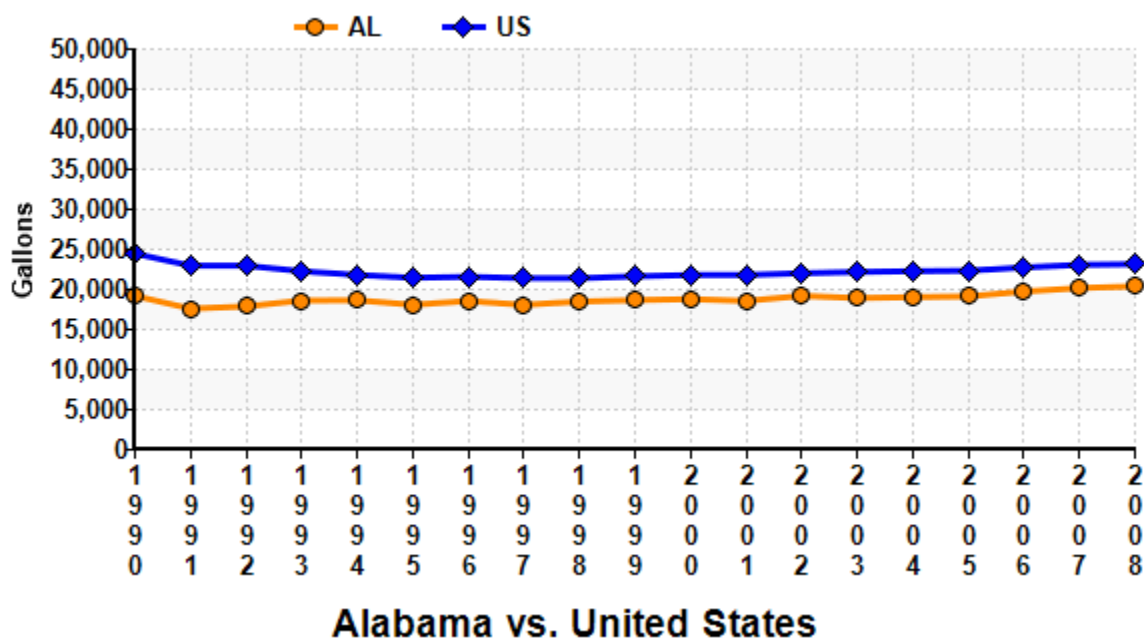


Source: Alabama Pride Survey

Total Ethanol Consumption Per Capita

- Alabama has one of the lowest levels of per capita consumption of alcohol in the United States, ranking in the 9th decile of per capita consumption for beer, wine, and spirits.⁹

Figure 51 – Sales of Ethanol in all Beverages Estimated in Gallons of Ethanol per 10,000 Population Aged 14 or Older: 1990-2008



All Beverages*							
	1990	1991	1992	1993	1994	1995	1996
AL	19,193	17,604	17,883	18,617	18,651	18,086	18,559
US	24,471	22,966	22,969	22,273	21,812	21,459	21,580
	1997	1998	1999	2000	2001	2002	2003
AL	18,067	18,492	18,663	18,790	18,571	19,198	18,929
US	21,413	21,401	21,636	21,806	21,807	22,027	22,179
	2004	2005	2006	2007	2008		
AL	19,037	19,134	19,746	20,174	20,390		
US	22,283	22,340	22,747	23,073	23,154		

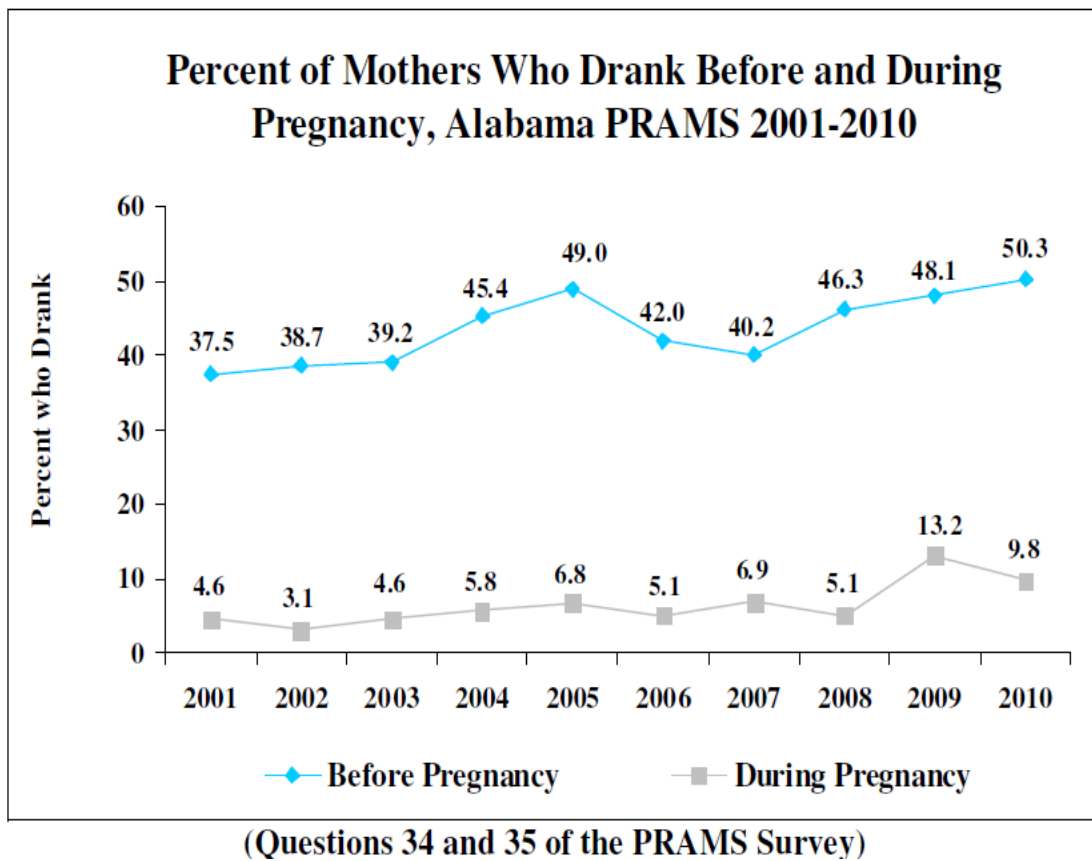
Source: Lakins, N. E., LaVallee, R. A., Williams, G. D., & Yi, H. (2008). *Surveillance Report #85: Apparent per capita alcohol consumption: National, State, and regional trends, 1977–2006*. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism (NIAAA), Alcohol Epidemiologic Data System.

Alcohol Risk/Protective Factors

Alcohol Use during Pregnancy

- Alcohol consumption during pregnancy, particularly in combination with tobacco and other drug use, has been associated with adverse perinatal outcomes such as low birth weight (< 2500 grams or 5.5 pounds).¹⁰
- Prenatal alcohol consumption can lead to fetal alcohol spectrum disorders (FASD), a group of adverse health conditions that are characterized by birth defects, developmental disabilities, and behavioral issues in babies exposed to alcohol *in utero*.^{6,7}
- To prevent FASD, the U.S. Surgeon General updated a 1981 advisory that had recommended women limit their alcohol intake during pregnancy with a 2005 advisory that recommended total abstinence from alcohol consumption for women who are pregnant or may become pregnant.⁸

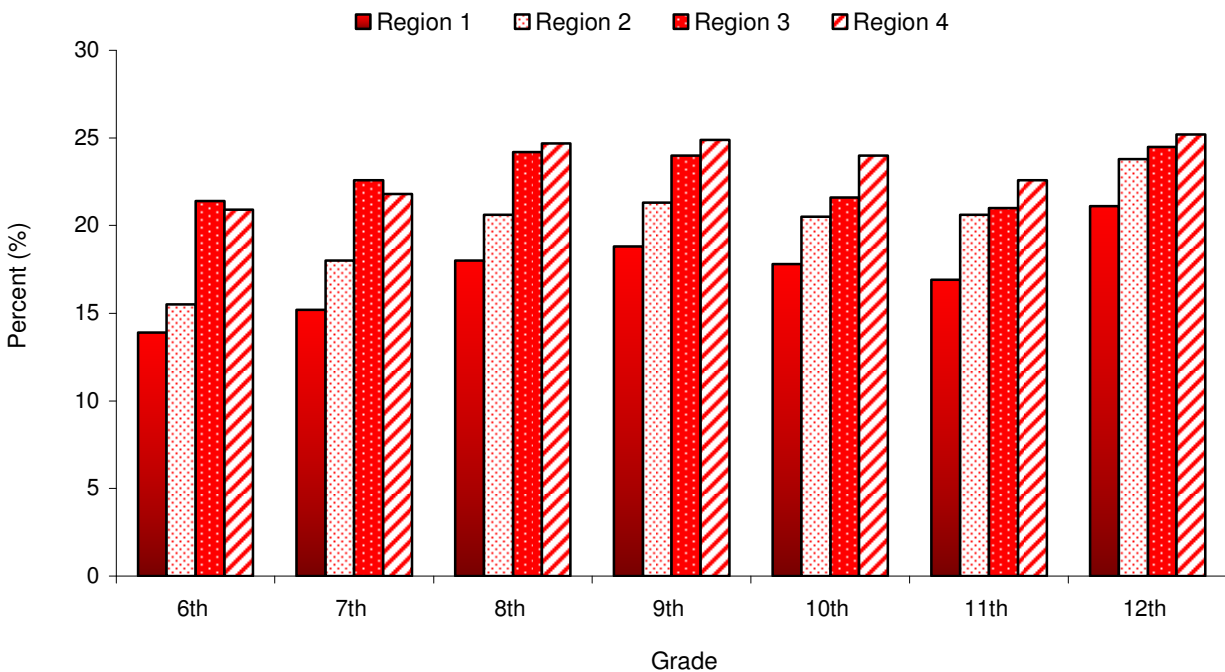
Figure 52



Riding with Drinking Driver

- The percent of youth in Alabama who reported riding in a car with a driver who had been drinking alcohol was comparable among 6th through 12th graders (Figure 53).
- Overall, the percent of youth who reported riding in a car with a driver who had been drinking alcohol was lowest in region 1 and highest in region 4 (Figure 53).

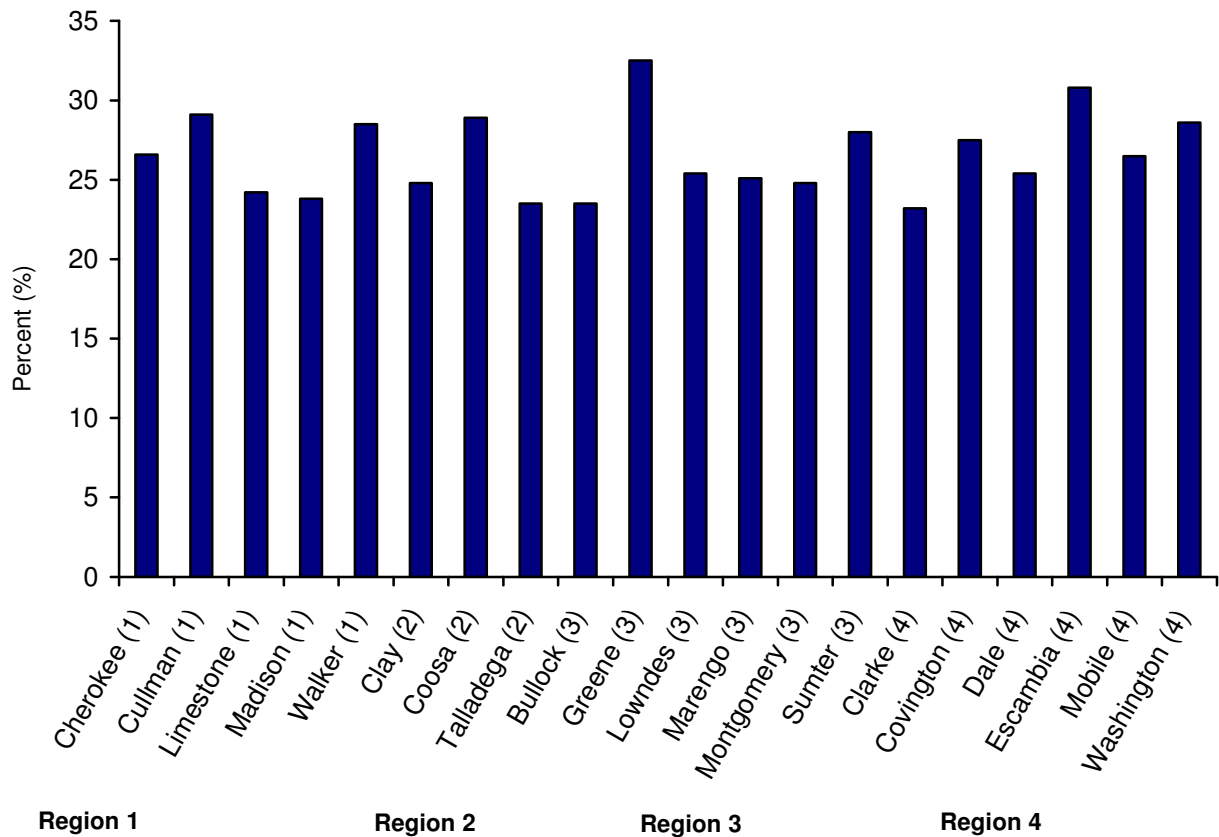
Figure 53 —Percent of youth in Alabama who reported riding in a car with a driver who had been drinking alcohol by grade and region, 2009-2010



Source: Alabama Pride Survey

- Of the top 20 counties in Alabama with the highest percent of youth who reported riding in a car with a driver who was under the influence of alcohol, Regions 3 and 4 had 6 counties each followed by 5 counties in Region 1 and 3 counties in Region 2 (Figure 54).

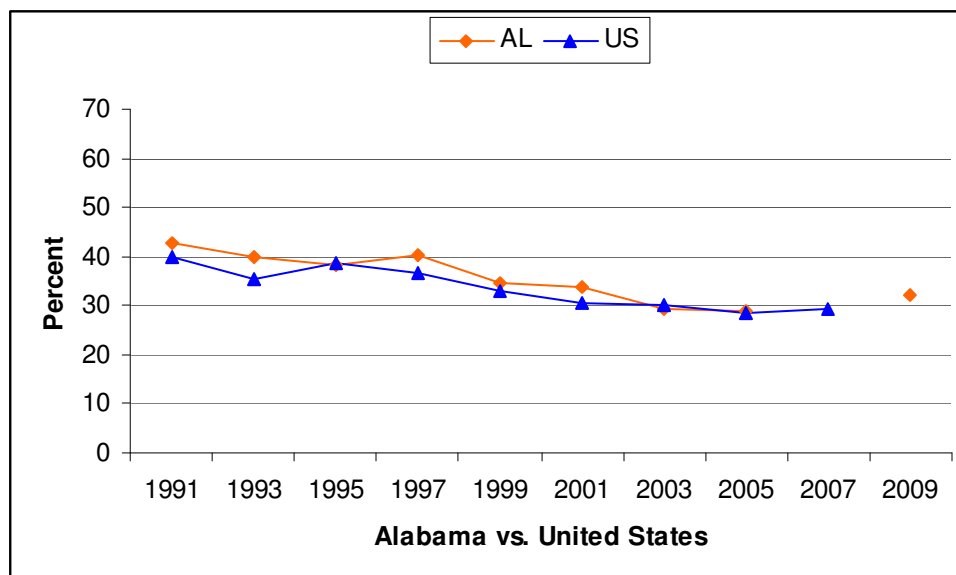
Figure 54 —Top 20 counties in Alabama with highest percent of youth who reported riding in a car with a driver who had been drinking alcohol by county and region, 2009-2010



Source: Alabama Pride Survey

*Region in parentheses

Figure 55 - Percentage of Students in 9th-12th Grade Who Reported Riding in a Car Driven by Someone Who Had Been Drinking: 1991-2009



All					
	1991	1993	1995	1997	1999
AL-Est.	42.7	39.7	38.4	40.3	34.7
CI	-	-	-	-	32.0 - 37.4
US-Est.	39.9	35.3	38.8	36.6	33.1
CI	37.7 - 42.1	32.7 - 37.9	35.1 - 42.5	34.5 - 38.7	30.9 - 35.3
	2001	2003	2005	2007	2009
AL-Est.	33.7	29.2	28.8	-	32.0
CI	30.9 - 36.5	26.1 - 32.3	26.0 - 31.6	-	-
US-Est.	30.7	30.2	28.5	29.1	—
CI	28.7 - 32.7	28.1 - 32.3	26.6 - 30.4	27.1 - 31.1	

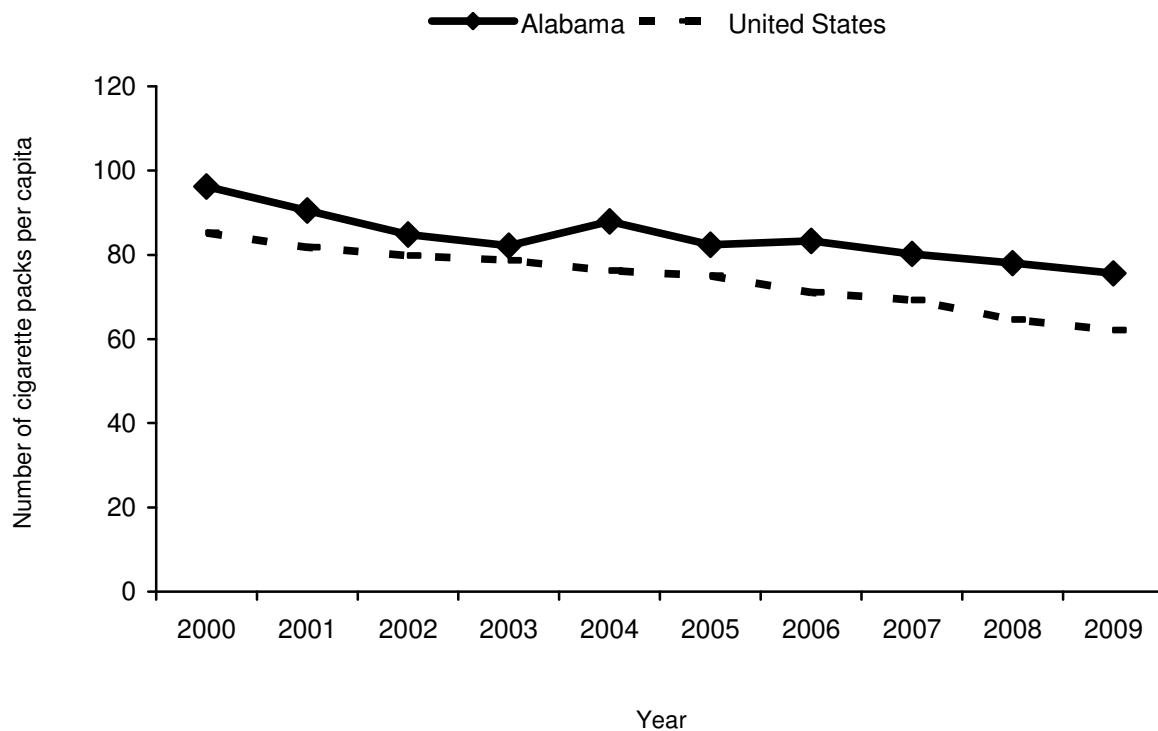
Source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 1991–2009.

Tobacco

Tobacco

- The minimum legal age to purchase, use, possess, or transport tobacco products in Alabama is 19 years.
- Alabama ranks 46th out of all 50 states plus the District of Columbia for its tax rate on cigarettes, which is 42.5¢ per pack; however, cities and counties may impose an additional tax of 1 to 6¢ per pack.¹¹
- The per capita sales of cigarette packs has declined since 2000 in Alabama, but remains higher than the national average (Figure 56).

Figure 56 —Per capita sales of cigarette packs in Alabama and United States, 2000-2009

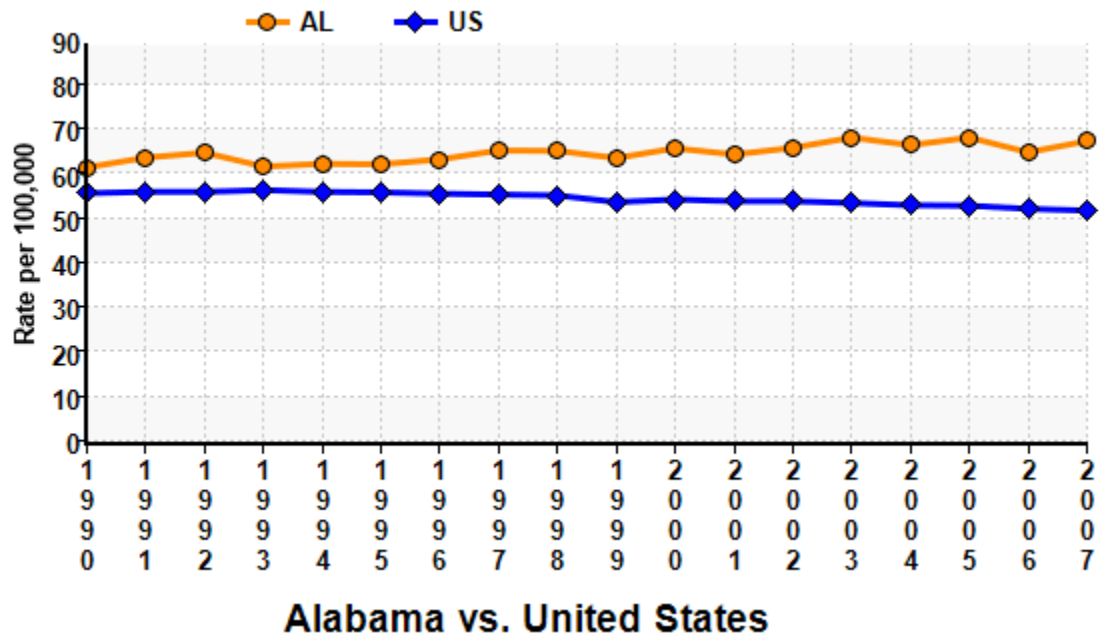


Source: Orzechowski and Walker (2009). The Tax Burden on Tobacco Sales Data for Tobacco Products.

Tobacco Consequences

Tobacco-Related Mortality

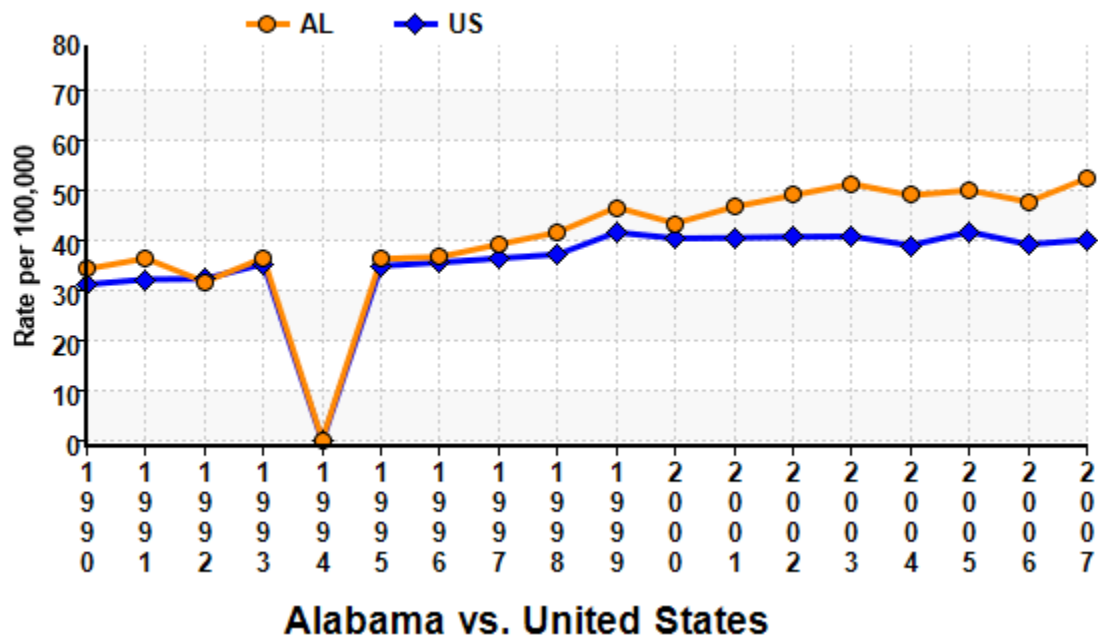
Figure 57 - Rate of Lung Cancer Deaths per 100,000 Population: 1990-2007



Rate of Lung Cancer Deaths per 100,000 Population: 1990-2007						
	1990	1991	1992	1993	1994	1995
AL	62.3	64.5	65.6	62.5	63.1	63.0
US	56.5	56.8	56.8	57.2	56.8	56.7
	1996	1997	1998	1999	2000	2001
AL	64.1	66.1	66.0	64.4	66.6	65.2
US	56.4	56.2	56.0	54.5	55.1	54.7
	2002	2003	2004	2005	2006	2007
AL	66.7	69.0	67.3	69.0	65.7	68.2
US	54.7	54.3	53.8	53.7	53.0	52.6

Source: Death certificate data: National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS), Mortality Detail files, 1990–2007.

Figure 58 - Rate of Lung Disease Deaths per 100,000 Population: 1990-2007



Rate of Lung Disease Deaths per 100,000 Population: 1990-2007						
	1990	1991	1992	1993	1994	1995
AL	35.5	37.6	32.9	37.7	1.4	37.5
US	32.4	33.4	33.5	36.5	1.1	36.1
	1996	1997	1998	1999	2000	2001
AL	37.9	40.4	42.8	47.8	44.6	47.9
US	36.8	37.6	38.4	42.8	41.6	41.7
	2002	2003	2004	2005	2006	2007
AL	50.2	52.5	50.2	51.2	48.9	53.6
US	41.9	42.0	40.2	42.9	40.4	41.3

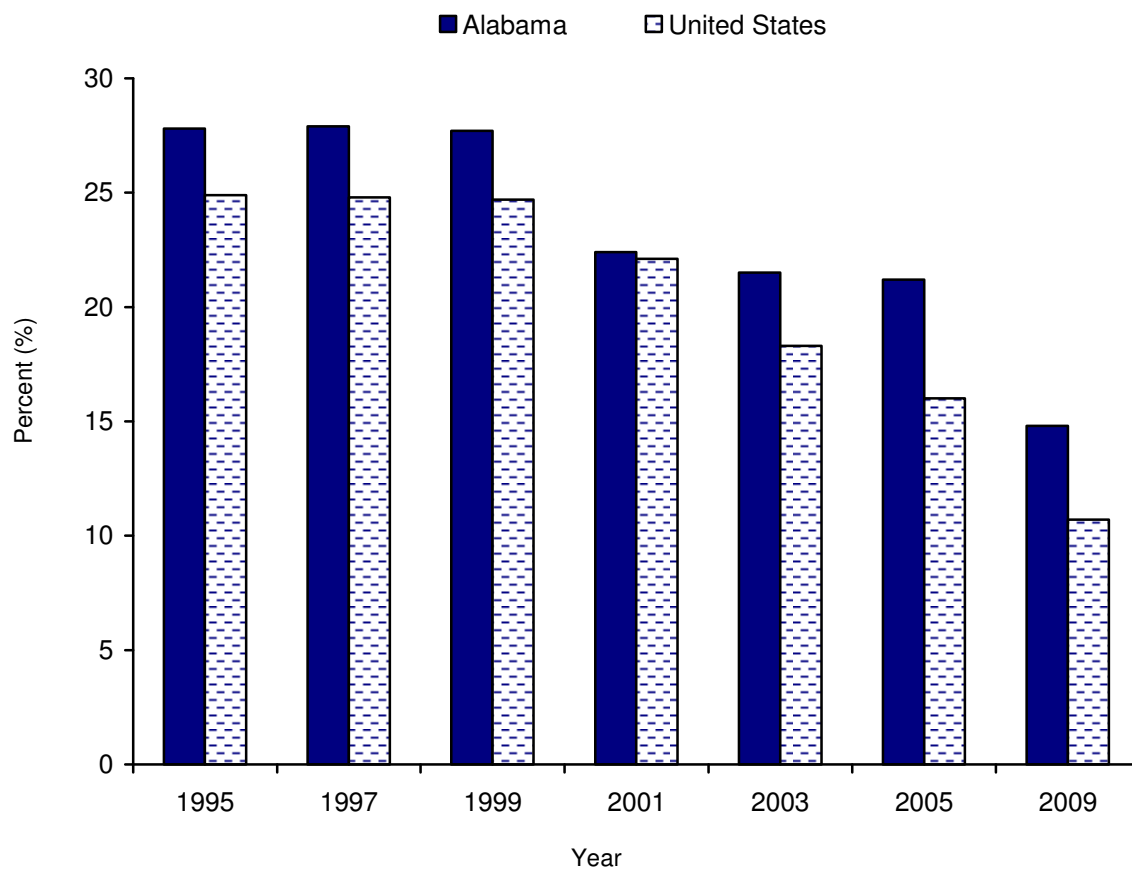
Source: Death certificate data: National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS), Mortality Detail files, 1990–2007.

Tobacco Consumption

Age of Initial Use

- The age at first use of cigarettes is associated with an increased risk of nicotine dependence and smoking-related cancers.¹²
- The age at first use of cigarettes has declined in Alabama and the United States since 1995 (Figure 59).
- In 2009, 14.8% of Alabama youth in 9th-12th grades reported smoking their first whole cigarette before age 13 compared to 10.7% of youth nationwide, which was a statistically significant difference.

Figure 59 —Percent of youth in Alabama and United States who smoked a whole cigarette for the first time before 13 years of age, 1995-2009

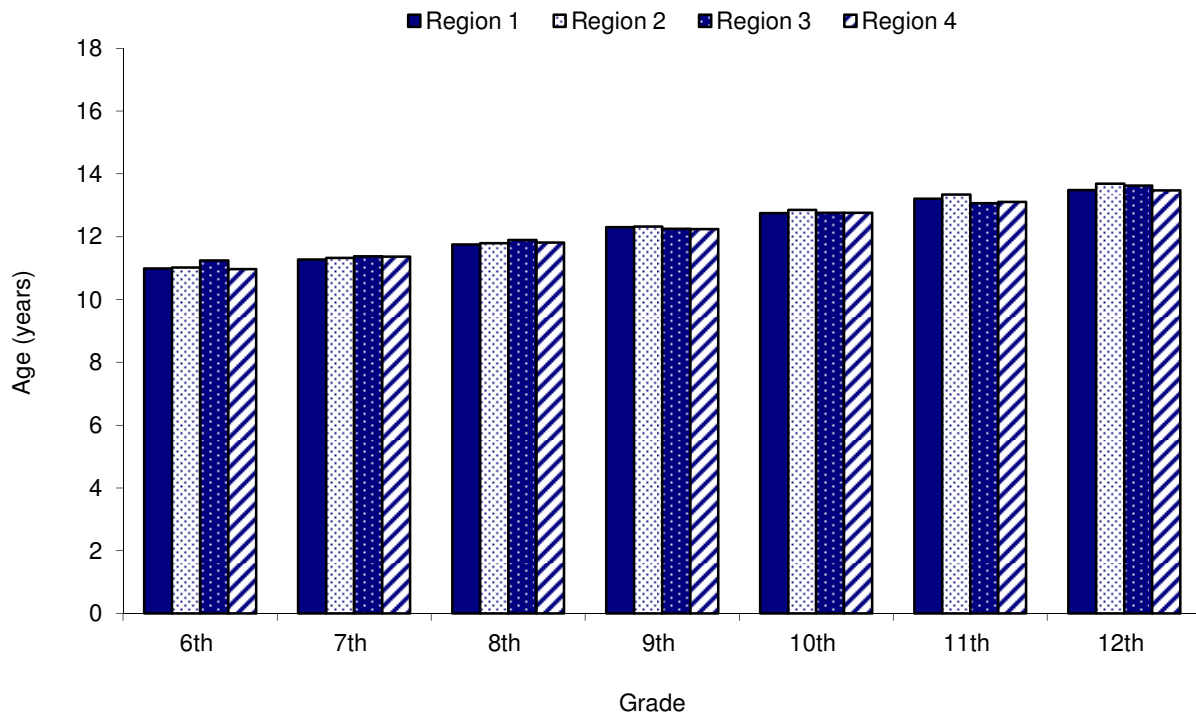


Source: YRBS

Note: Data for Alabama in 2007 is not available, resulting in a four-year gap between 2005 and 2009.

- During 2009-2010, the average age at first use of tobacco increased as grade increased for each region (Figure 60).
- The average age at first use of tobacco was comparable across regions within each school grade (Figure 60).

Figure 60 —Average age at first use of tobacco by youth in 6th-12th grades in Alabama, 2009-2010

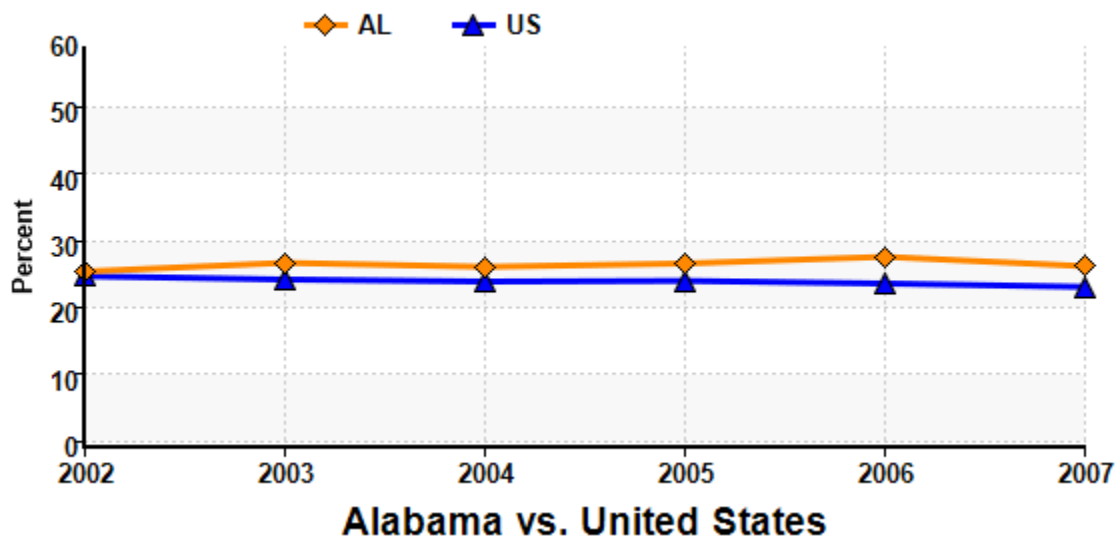


Source: Alabama Pride Survey

Current Use

- The percent of youth and adults who used tobacco in the past month was higher in Alabama compared with national estimates between 2005 and 2008 (Figure 61), with the prevalence being higher among adults ages 18-25 years compared with adults ages 26 years and older.

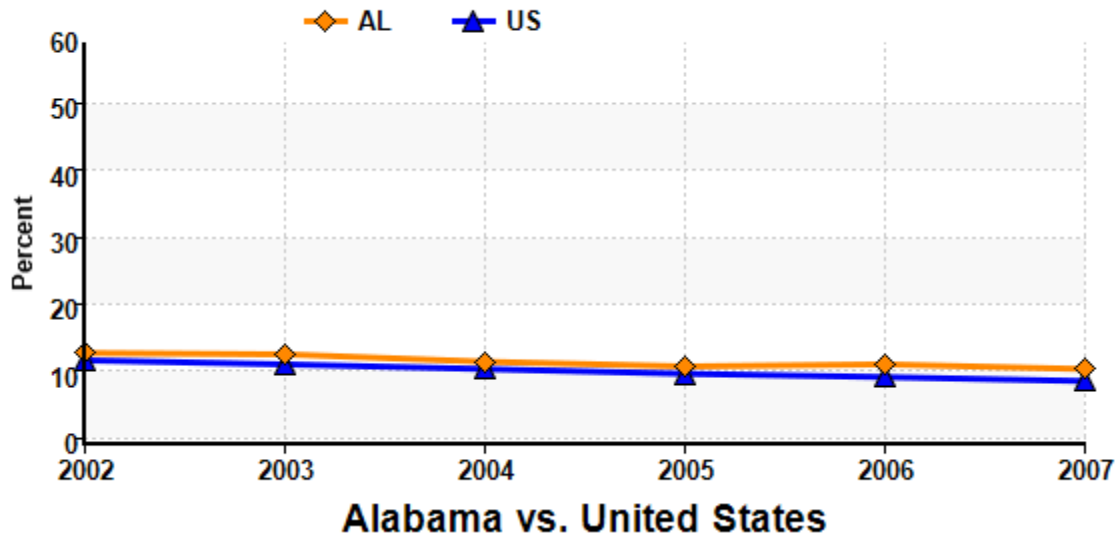
Figure 61 - Percentage of Person Aged 12 or Older Reporting Smoking a Cigarette on One or More days within the Past 30 Days: 2002-03 to 2007-08



Percentage of Persons Aged 12 or Older Reporting Smoking a Cigarette on One or More Days within the Past 30 Days: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	26.4	27.7	27.1	27.6	28.6	27.2
CI	23.8 - 29.3	25.0 - 30.6	24.5 - 29.9	25.0 - 30.3	26.1 - 31.3	24.8 - 29.8
US-Est.	25.7	25.2	24.9	25.0	24.6	24.1

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

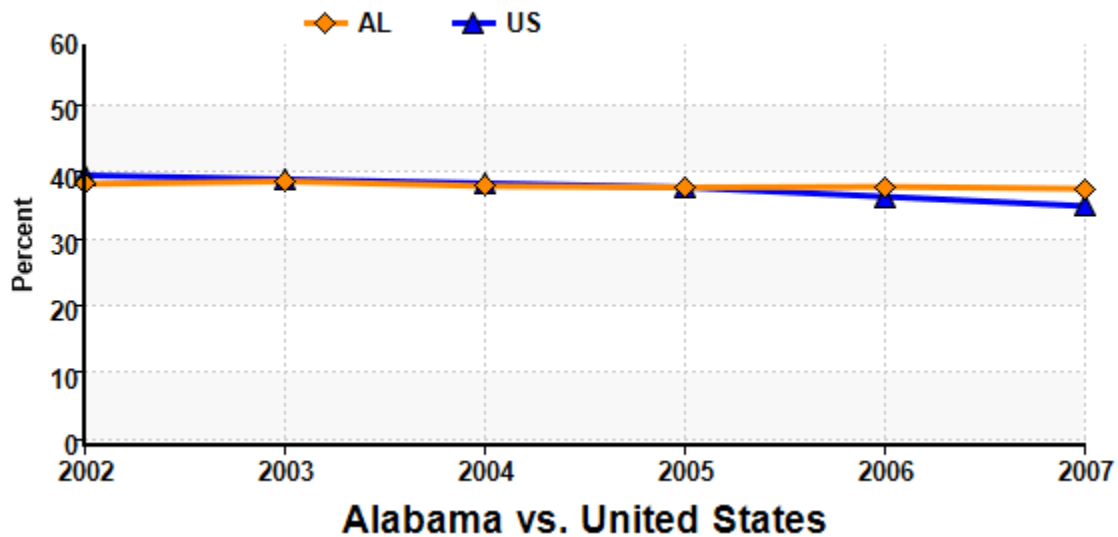
Figure 62 - Percentage of Persons Aged 12 to 17 Reporting Smoking a Cigarette on One or More Days within the Past 30 Days: 2002-03 to 2007-08



Percentage of Persons Aged 12 to 17 Reporting Smoking a Cigarette on One or More Days within the Past 30 Days: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	13.7	13.5	12.4	11.7	12.0	11.3
CI	11.5 - 16.3	11.3 - 16.0	10.3 - 14.9	9.8 - 14.0	10.1 - 14.1	9.5 - 13.4
US-Est.	12.6	12.0	11.3	10.6	10.1	9.5

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

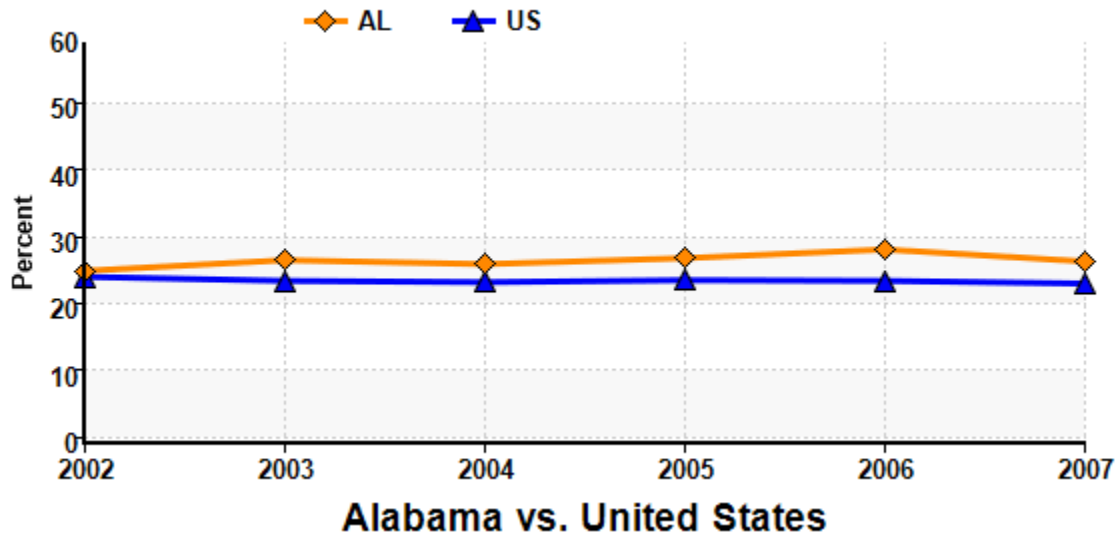
Figure 63 - Percentage of Persons Aged 18 to 25 Reporting Smoking a Cigarette on One or More Days within the Past 20 Days: 2002-03 to 2007-08



Percentage of Persons Aged 18 to 25 Reporting Smoking a Cigarette on One or More Days within the Past 30 Days: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	39.2	39.6	38.9	38.7	38.8	38.5
CI	35.6 - 43.0	35.8 - 43.6	35.2 - 42.7	35.0 - 42.5	35.1 - 42.5	34.9 - 42.2
US-Est.	40.5	39.9	39.3	38.7	37.3	35.9

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

Figure 64 - Percentage of Persons Aged 26 or Older Reporting Smoking a Cigarette on One or More Days within the Past 30 Days: 2002-03 to 2007-08

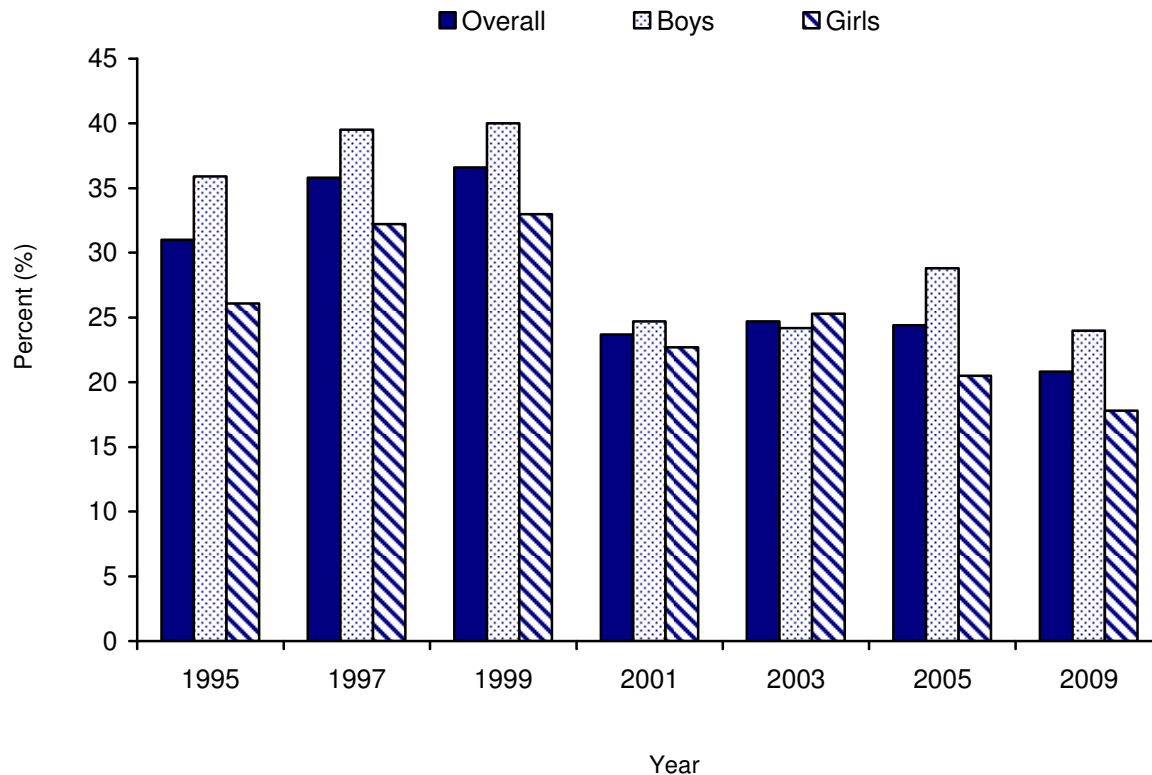


Percentage of Persons Aged 26 or Older Reporting Smoking a Cigarette on One or More Days within the Past 30 Days: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	25.9	27.5	26.9	27.8	29.1	27.3
CI	22.6 - 29.5	24.1 - 31.1	23.7 - 30.5	24.5 - 31.2	26.0 - 32.4	24.4 - 30.5
US-Est.	25.0	24.4	24.2	24.5	24.4	24.0

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

- The prevalence of current cigarette smoking among Alabama youth has declined since 1995 (Figure 65).
- In 2009, 20.8% of youth in 9th-12th grades in Alabama reported smoking cigarettes on one or more of the previous 30 days, which was similar to the national estimate (19.5%). Current cigarette smoking was more common among boys (24.0%) than girls (17.8%) in Alabama in 2009.

Figure 65 —Percent of Alabama youth who smoked cigarettes on one or more of the previous 30 days overall and by gender, 1995-2009

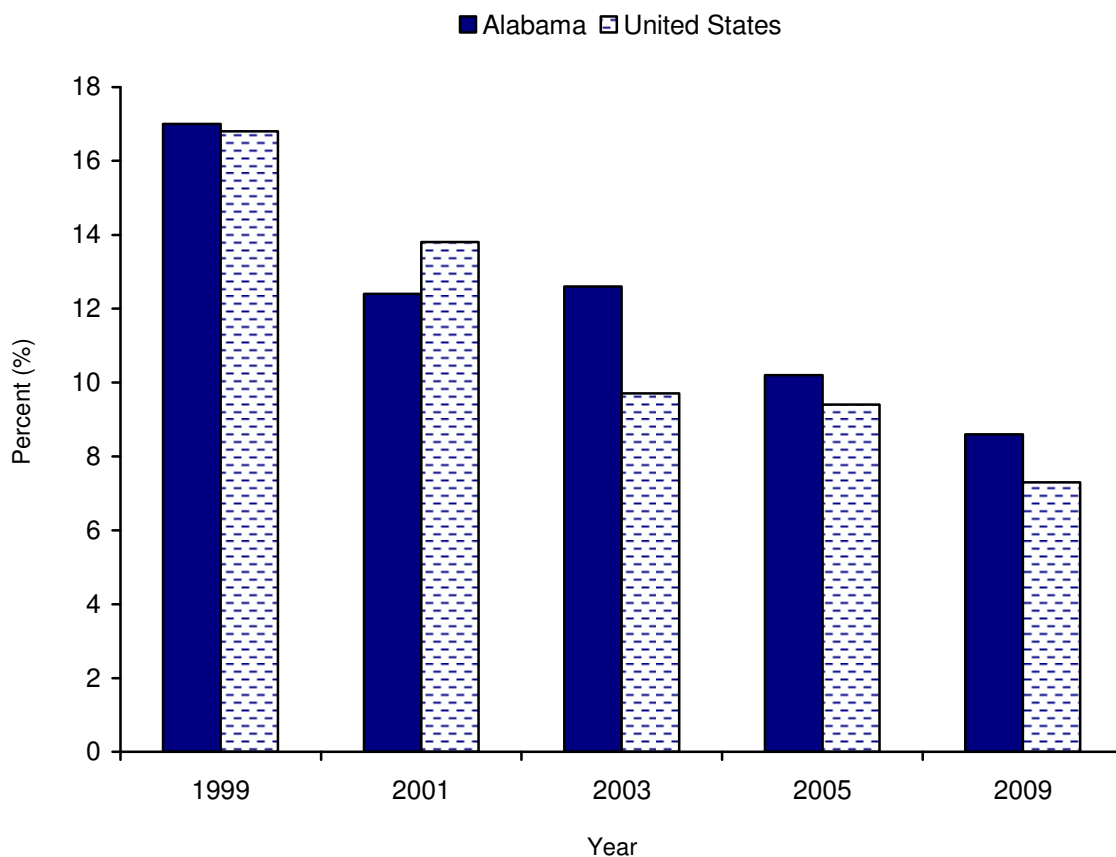


Source: YRBS

Note: Data for Alabama in 2007 is not available, resulting in a four-year gap between 2005 and 2009.

- Regular cigarette smoking, defined as smoking cigarettes on 20 or more of the previous days, declined among youth in Alabama and the United States between 1999 and 2009 (Figure 66) and there was not a statistically significant difference between the state and national averages.
- The percent of youth in 9th-12th grades in Alabama who smoked cigarettes regularly (20 or more days out of the previous 30 days) declined from 17.0% in 1999 to 8.6% in 2009.

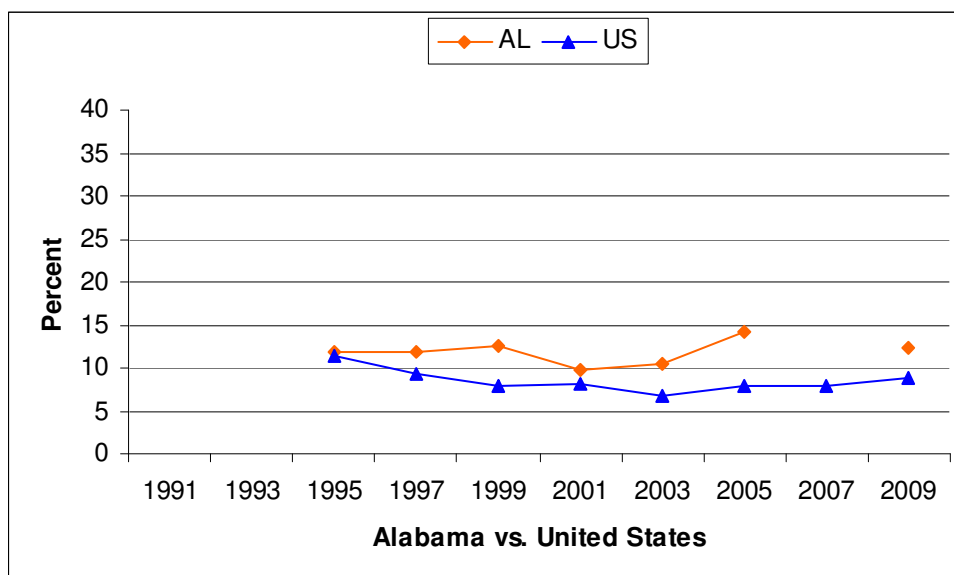
Figure 66 —Percent of youth in Alabama and United States who smoked cigarettes on 20 or more of the previous 30 days, 1999-2009



Source: YRBS

Note: Data for Alabama in 2007 is not available, resulting in a four-year gap between 2005 and 2009.

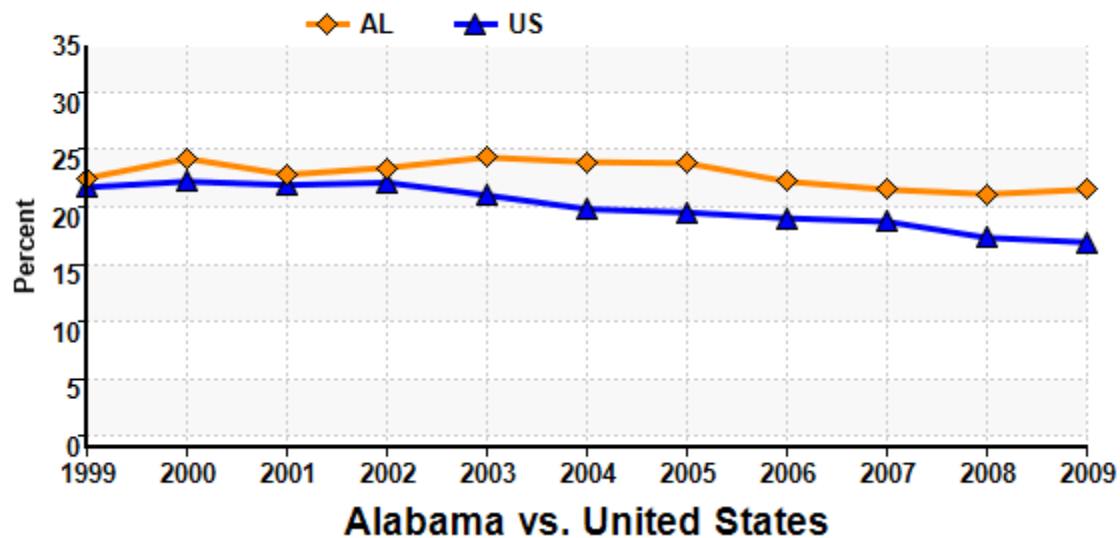
Figure 67 - Percentage of Students in 9th-12th Grade Reporting Any Use of Smokeless Tobacco in the Past 30 Days: 1991-2009



All					
	1991	1993	1995	1997	1999
AL-Est.	—	—	11.8	11.8	12.6
CI					10.8 - 14.4
US-Est.	—	—	11.4	9.3	7.8
CI			9.7 - 13.1	7.1 - 11.5	5.6 - 10.0
	2001	2003	2005	2007	2009
AL-Est.	9.8	10.5	14.1	—	12.4
CI	7.0 - 12.6	7.9 - 13.1	11.0 - 17.2		
US-Est.	8.2	6.7	8.0	7.9	8.9
CI	6.7 - 9.7	5.2 - 8.2	6.6 - 9.4	6.1 - 9.7	7.1 - 10.7

Source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 1991–2009.

**Figure 68 – Percentage of Persons 18 or Older Reporting Current Cigarette Use:
1999-2009**



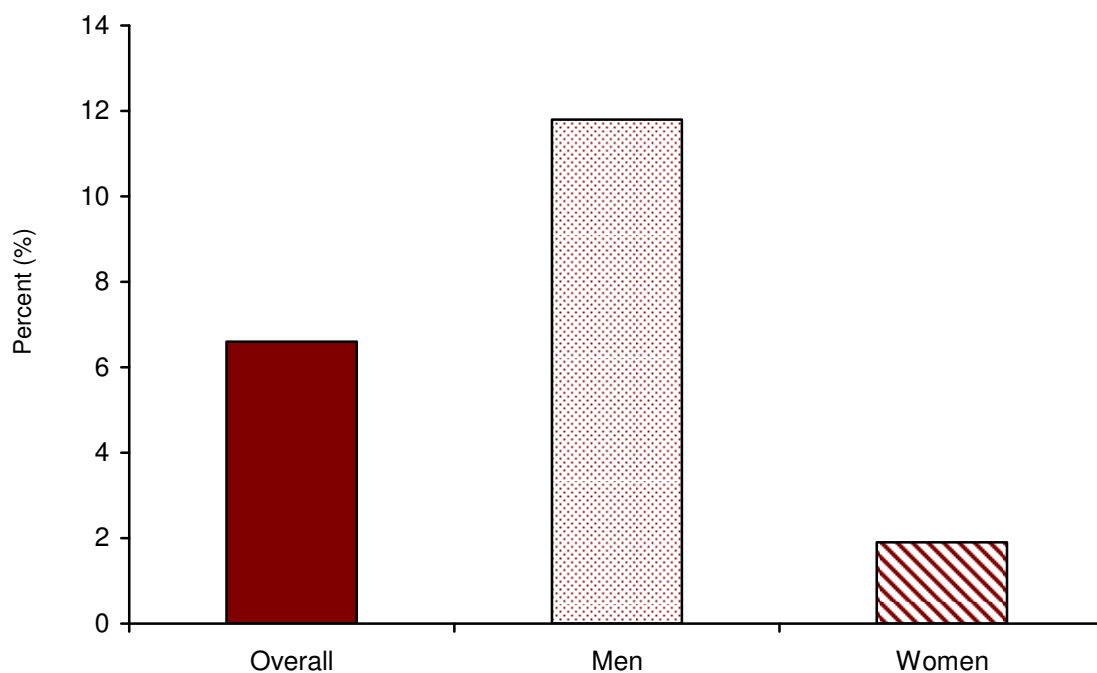
All						
	1999	2000	2001	2002	2003	2004
AL-Est.	23.5	25.2	23.8	24.4	25.3	24.9
CI	21.3 - 25.7	23.0 - 27.4	22.0 - 25.6	22.4 - 26.4	23.5 - 27.1	23.1 - 26.7
US-Est.	22.7	23.2	22.9	23.1	22.0	20.8
	2005	2006	2007	2008	2009	
AL-Est.	24.8	23.2	22.5	22.1	22.5	
CI	22.6 - 27.0	21.0 - 25.4	20.9 - 24.1	20.3 - 23.9	20.9 - 24.1	
US-Est.	20.5	20.0	19.7	18.3	17.9	

Source: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 1999–2009.

Lifetime Use

- In 2009, 6.6% of Alabama adults reported ever using smokeless tobacco, with significant differences between men (11.8%) and women (1.9%) (Figure 69).
- Also, Alabama ranked in the top quartile of states in 2009 for the highest percent of current smokers who ever used smokeless tobacco (9.8%).

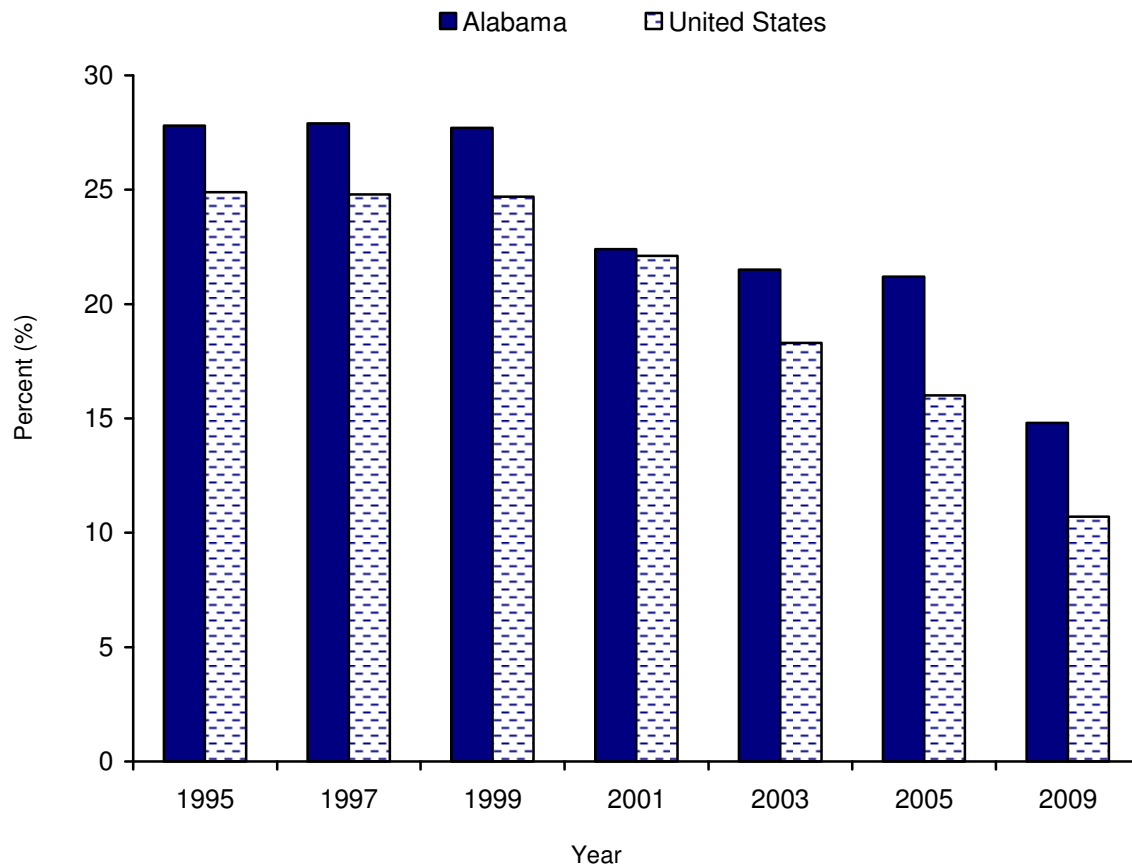
Figure 69 – Percent of adults in Alabama who reported any ever use of smokeless tobacco, overall and by gender, 2009



Source: BRFSS
MMWR 2010; 59(43):1400-1406

- In addition to traditional cigarettes and smokeless tobacco products, youth reported using bidis and kreteks, imported cigarettes that may be flavored or unflavored and have more nicotine, tar, and carbon monoxide than traditional cigarettes.^{13,14}
- Overall, the use of bidis and/or kreteks among Alabama youth was similar in 2006 and 2008. In 2008, more boys (14.6%) in Alabama reported ever trying bidis or kreteks than girls (5.3%) (Figure 70).

Figure 70 – Percent of Alabama youth who have tried bidis and/or kreteks, overall and by gender, 2006-2008

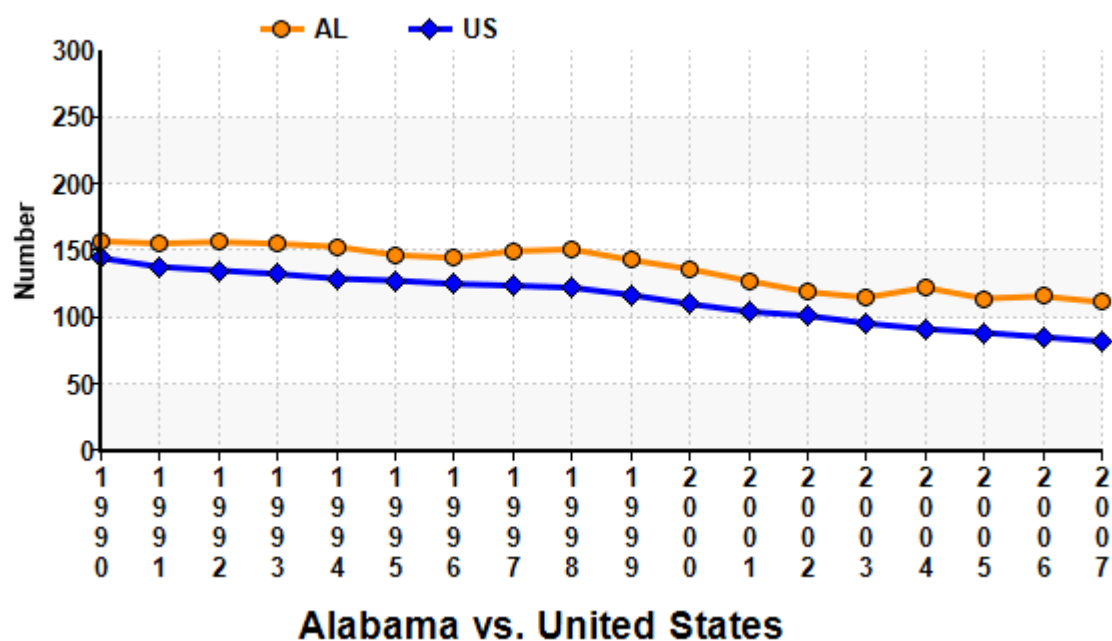


Source: YRBS

Note: Data for Alabama in 2007 is not available, resulting in a four-year gap between 2005 and 2009.

Total Cigarette Consumption Per Capita

Figure 71 – Number of Packs of Cigarettes Sold at the Wholesale Level Per Capita Population Aged 18 or Older: 1990-2007



Tobacco: Cigarette Sales/18+*						
	1990	1991	1992	1993	1994	1995
AL	158	156	157	156	154	147
US	145	138	136	133	130	128
	1996	1997	1998	1999	2000	2001
AL	145	150	152	144	137	128
US	126	124	123	117	111	105
	2002	2003	2004	2005	2006	2007
AL	120	116	123	115	116	112
US	102	96	92	89	86	83

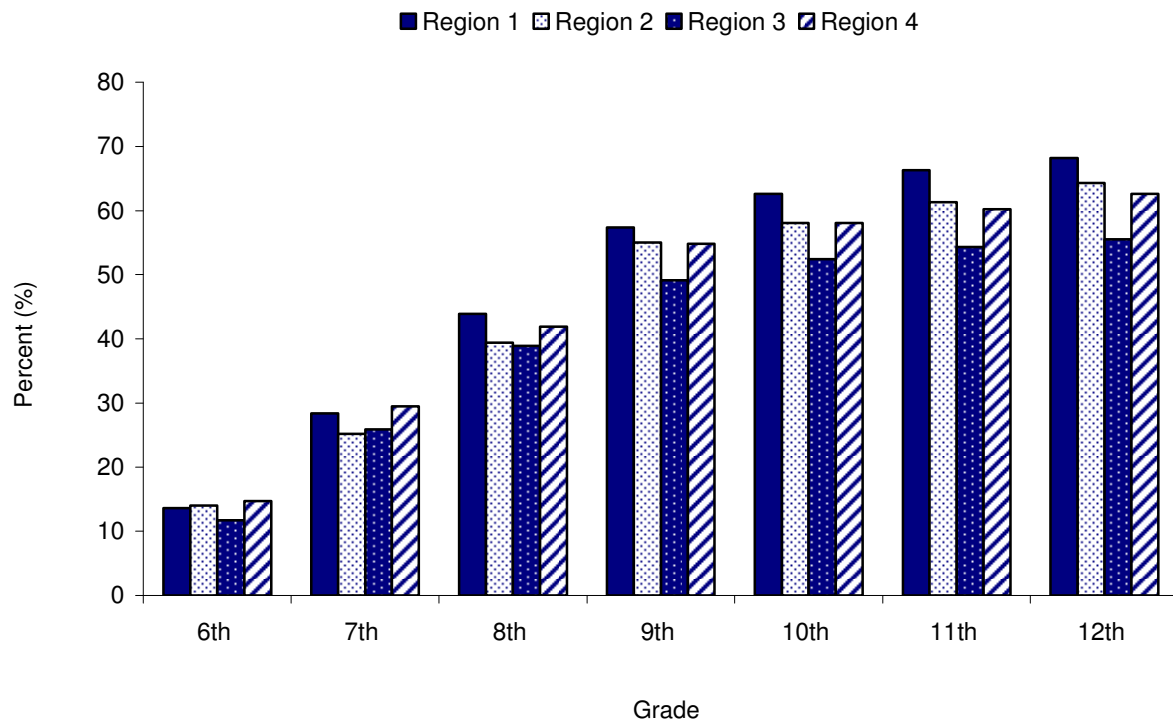
Source: State-level data from 1990 through 2002 were downloaded from the University of California at San Diego (UCSD) Social Sciences and Humanities Library website (<http://libraries.ucsd.edu/ssds/pub/CTS/tobacco/sales/>). Data from 2002 through 2007 are from the following resource: Orzechowski, W., & Walker, R. (2008). *The tax burden on tobacco: Historical compilation volume 42, 2007*. Arlington, VA: Authors.

Tobacco Risk/Protective Factors

Friends Use

- The percent of youth who reported that their friends use tobacco also increased as grade increased (Figure 72).
- Region 1 had the highest percent of youth who reported that their friends use tobacco while Region 3 has the lowest percent who reported that their friends use tobacco use (Figure 72).

Figure 72 – Percent of youth in Alabama who reported that their friends use tobacco by school grade and region, 2009-2010

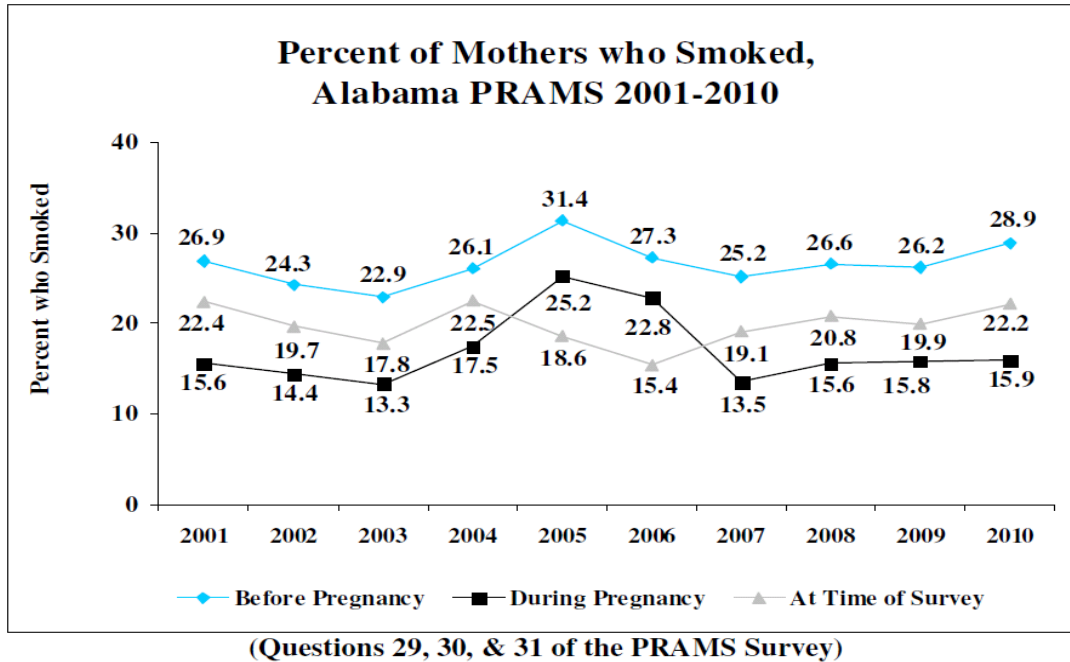


Source: Alabama Pride Survey

Tobacco Use during Pregnancy

- Smoking during pregnancy has been associated with an increased risk of preterm birth, low birth weight, placental complications, and sudden infant death syndrome.^{15,16}

Figure 73



Other Drugs

Other Drugs Classification

- The Controlled Substances Act of 1970 established 5 schedules of drugs to regulate the manufacture and distribution of these drugs in the United States based on potential for abuse and accepted medical uses (21 Code of Federal Regulations Part 1308). Commonly abused drugs by schedule are presented in Table 2.
 - Schedule I: No approved medical uses
 - Schedule II: Requires a non-refillable prescription and order form
 - Schedule III, IV: Requires a prescription; limited refills are allowed
 - Schedule V: Some availability over the counter

Table 2 —Commonly abused drugs by category and schedule

Category	Name	Schedule
Cannabinoids	Hashish	I
	Marijuana	I
Depressants	Barbituates	II, III
	Benzodiazepines	IV
	Flunitrazepam	IV
	GHB (gamma-hydroxybutyrate)	I
	Methaqualone	I
Dissociative Anesthetics	Ketamine	III
	PCP (phencyclidine)	I, II
Hallucinogens	LSD (lysergic acid diethylamide)	I
	Mescaline	I
	Psilocybin	I
Opioids and morphine derivatives	Codeine	II, III, IV, V
	Fentanyl	I, II
	Heroin	I
	Morphine	II, III
	Opium	II, III, V
	Oxycodone HCL	II
	Hydrocodone bitartrate, acetaminophen	II
Stimulants	Amphetamine	II
	Cocaine	II
	MDMA (methylenedioxymethamphetamine)	I
	Methamphetamine	II
	Methylphenidate	II
	Nicotine	Not scheduled
Other compounds	Anabolic steroids	III
	DXM (dextromethorphan)	Not scheduled
	Inhalants	Not scheduled

Source: National Institute of Drug Abuse <http://www.drugabuse.gov/DrugPages/DrugsofAbuse.html>

- In 2004, Alabama enacted a Prescription Drug Monitoring Program to collect data on drugs in Schedules II-V that were dispensed throughout the state. Mandatory reporting for this program began in April 2006.
 - Prescription data for drugs in schedules II-V that are dispensed in Alabama are required to be reported to a central database.
 - Drugs provided by samples, during inpatient care, during physician office visits (injection, oral, topical, or suppository administration), or through assistance programs are not subject to the regulations of the monitoring program.
 - The goal of the program is to identify any potential problems with prescription abuse early and to prevent people from filling multiple prescriptions from multiple physicians at multiple pharmacies, i.e. “doctor shopping.”
- Alabama ranks in the top 5 states for the distribution of two prescription pain relievers, meperidine and hydrocodone.
 - In 2006, Alabama ranked 2nd in the distribution of meperidine with 4,745.63 grams/100,000 and 5th in the distribution of hydrocodone with 20,141.86 grams/100,000 persons (Table 3).

Table 3 —Cumulative distribution in grams per 100,000 persons in Alabama, 2006

Drug name	Drug code	Grams/100,000 persons	Rank*
Buprenorphine	9064	157.66	12
D-Amphetamine base	1100D	2,427.09	7
DL-Amphetamine base	1100B	2,025.54	5
Hydrocodone	9193	20,141.86	5
Meperidine	9230	4,745.63	2
Methadone	9250B	4,529.27	7

*Ranking is based on 50 states plus the District of Columbia and selected US territories.

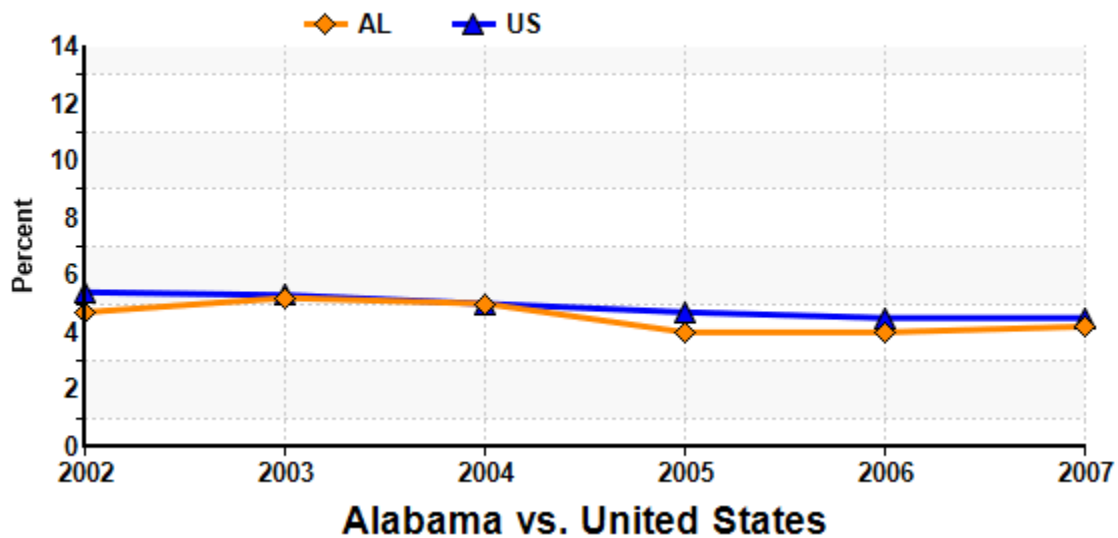
Source: DEA http://www.deadiversion.usdoj.gov/arcos/retail_drug_summary/2005/05_rpt4.pdf

Other Drugs Consequences

Abuse or Dependence

- Illicit drug use, including recreational and experimental use, can result in dependence or abuse.

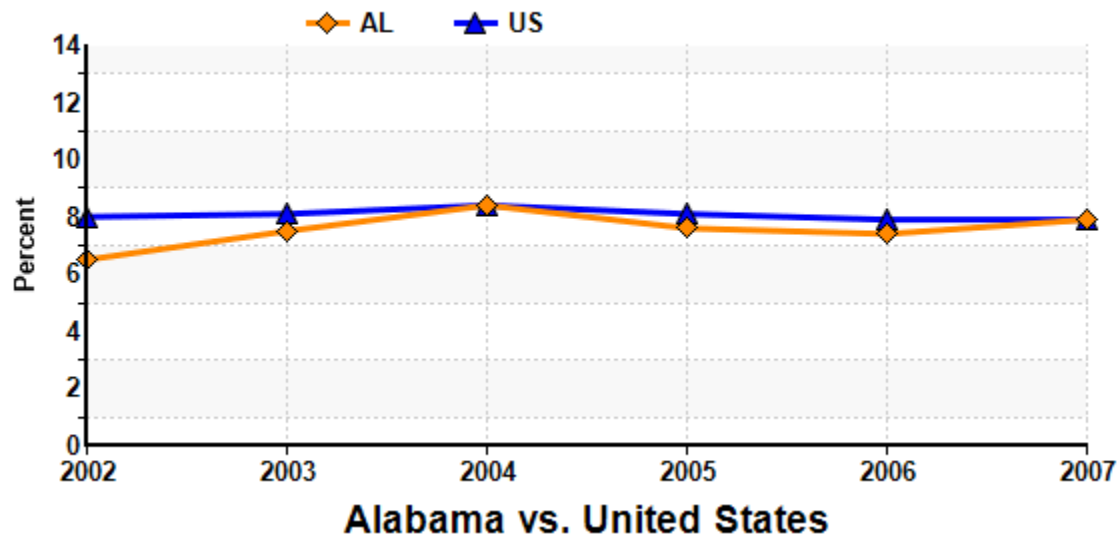
Figure 74 – Percentage of Persons Aged 12 to 17 Reporting Dependence on or Abuse of Any Illicit Drug: 2002-2003 to 2007-2008



Percentage of Persons Aged 12 to 17 Reporting Dependence on or Abuse of Any Illicit Drug: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	4.7	5.2	5.0	4.0	4.0	4.2
CI	3.6 - 6.1	4.0 - 6.7	3.8 - 6.6	2.9 - 5.5	3.2 - 5.1	3.3 - 5.4
US-Est.	5.4	5.3	5.0	4.7	4.5	4.5

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

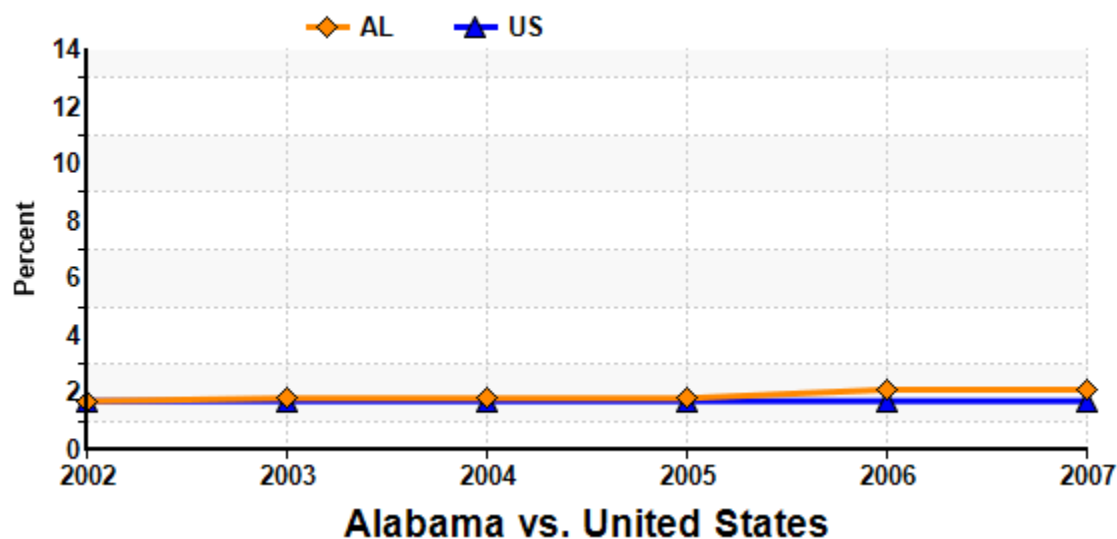
Figure 75 – Percentage of Persons Aged 18 to 25 Reporting Dependence on or Abuse of Any Illicit Drug: 2002-2003 to 2007-2008



Percentage of Persons Aged 18 to 25 Reporting Dependence on or Abuse of Any Illicit Drug: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	6.5	7.5	8.4	7.6	7.4	7.9
CI	5.1 - 8.3	5.9 - 9.5	6.6 - 10.7	5.9 - 9.8	5.8 - 9.4	6.3 - 9.9
US-Est.	8.0	8.1	8.4	8.1	7.9	7.9

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

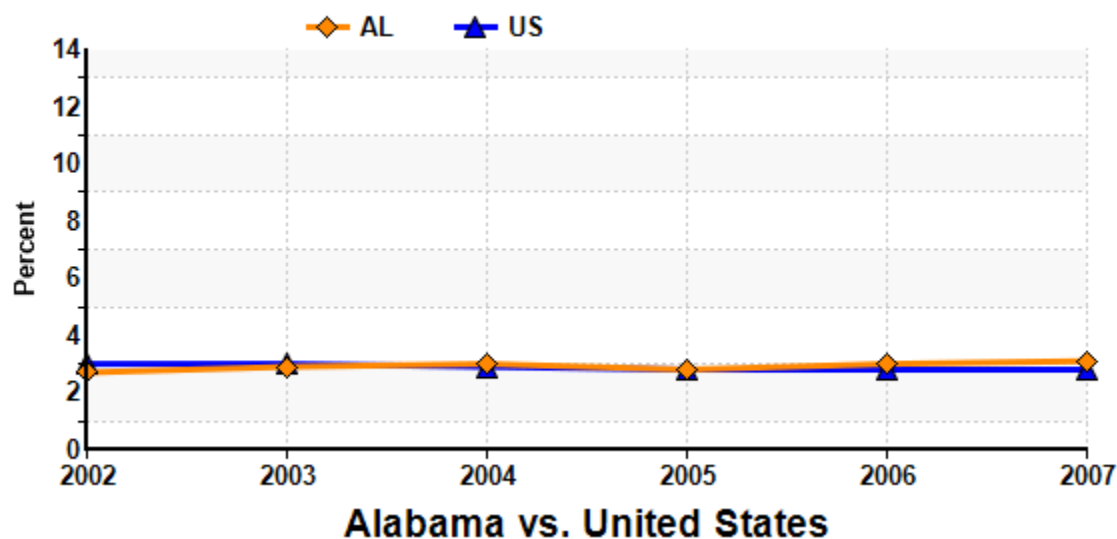
Figure 76 – Percentage of Persons Aged 26 or Older Reporting Dependence on or Abuse of Any Illicit Drug: 2002-2003 to 2007-2008



Percentage of Persons Aged 26 or Older Reporting Dependence on or Abuse of Any Illicit Drug: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	1.7	1.8	1.8	1.8	2.1	2.1
CI	1.2 - 2.5	1.3 - 2.6	1.2 - 2.5	1.2 - 2.7	1.4 - 3.1	1.4 - 3.1
US-Est.	1.7	1.7	1.7	1.7	1.7	1.7

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

Figure 77 – Percentage of Persons Aged 12 or Older Reporting Dependence on or Abuse of Any Illicit Drug: 2002-2003 to 2007-2008



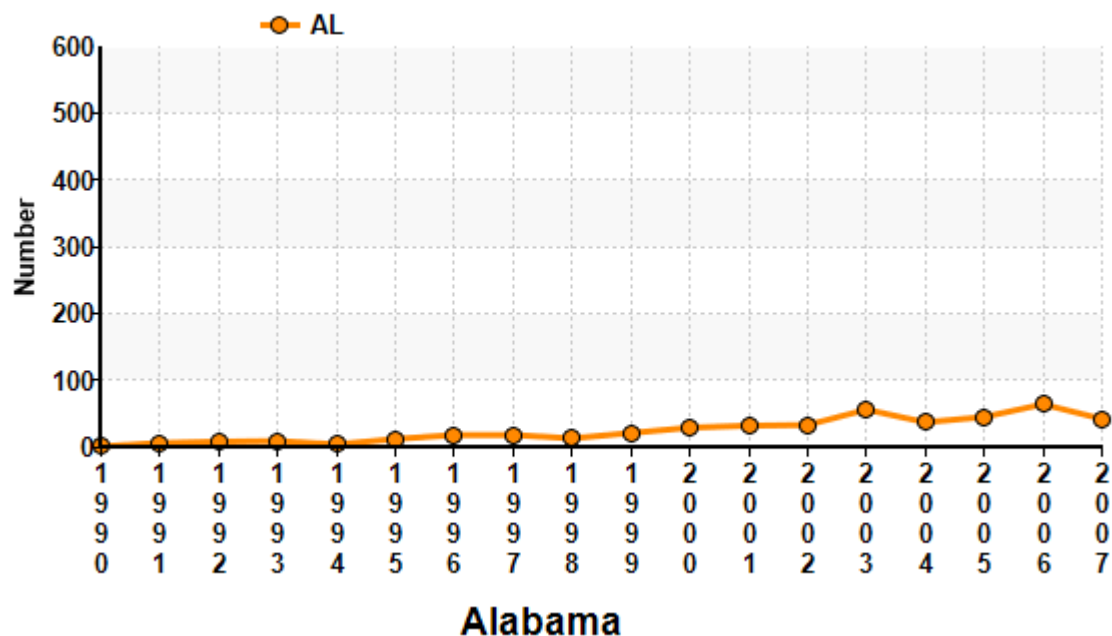
Percentage of Persons Aged 12 or Older Reporting Dependence on or Abuse of Any Illicit Drug: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	2.7	2.9	3.0	2.8	3.0	3.1
CI	2.2 - 3.3	2.4 - 3.6	2.5 - 3.7	2.2 - 3.5	2.4 - 3.8	2.4 - 3.9
US-Est.	3.0	3.0	2.9	2.8	2.8	2.8

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

Drug Related Mortality

- Illicit drug use can result in mortalities due to drug overdose or other adverse health effects.

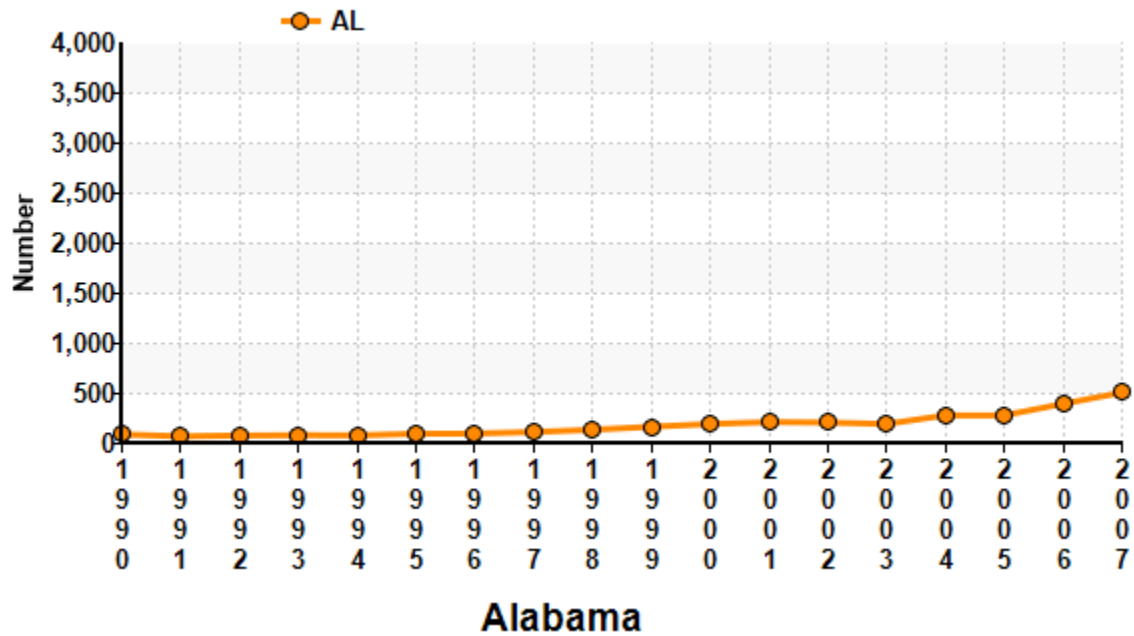
Figure 78 – Number of Deaths due to Drug-Related Behavior: 1990-2007



Number of Deaths Due to Drug-Related Behavior: 1990-2007						
	1990	1991	1992	1993	1994	1995
AL	2	7	9	10	5	13
	1996	1997	1998	1999	2000	2001
AL	19	19	14	22	30	33
	2002	2003	2004	2005	2006	2007
AL	34	57	38	46	65	43

Source: National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS), Mortality Detail files, 1990–2007.

Figure 79 – Number of Deaths due to Drug-Related Overdose/Poisoning: 1990-2007



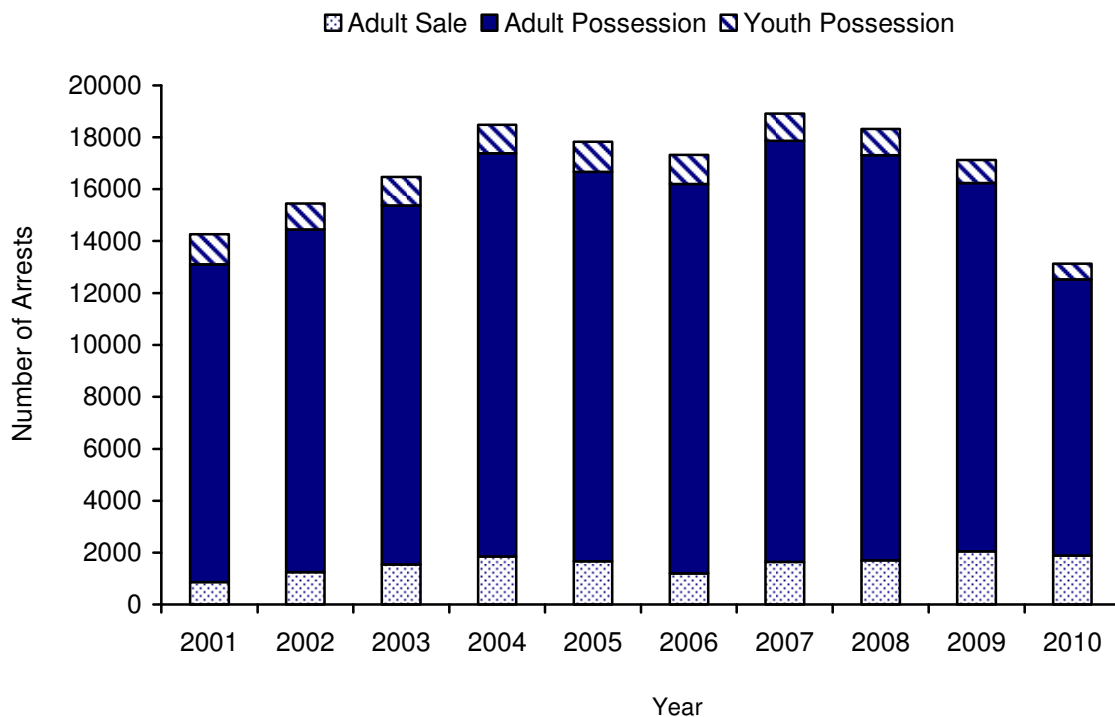
Number of Deaths Due to Drug-related Overdose/Poisoning: 1990-2007						
	1990	1991	1992	1993	1994	1995
AL	92	74	81	85	83	99
	1996	1997	1998	1999	2000	2001
AL	101	117	139	169	197	216
	2002	2003	2004	2005	2006	2007
AL	211	197	283	283	398	511

Source: National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS), Mortality Detail files, 1990–2007.

Crime

- Criminal arrests for the sale or possession of drugs are also possible consequences.
- In 2010, there were 12,529 adult arrests and 643 youth arrests for the sale or possession of drugs (Figure 80). Arrests for youth drug sales were low (< 55 in a given calendar year), and the majority of arrests for both adults (84.9%) and youth (94.1%) were due to drug possession in 2010.

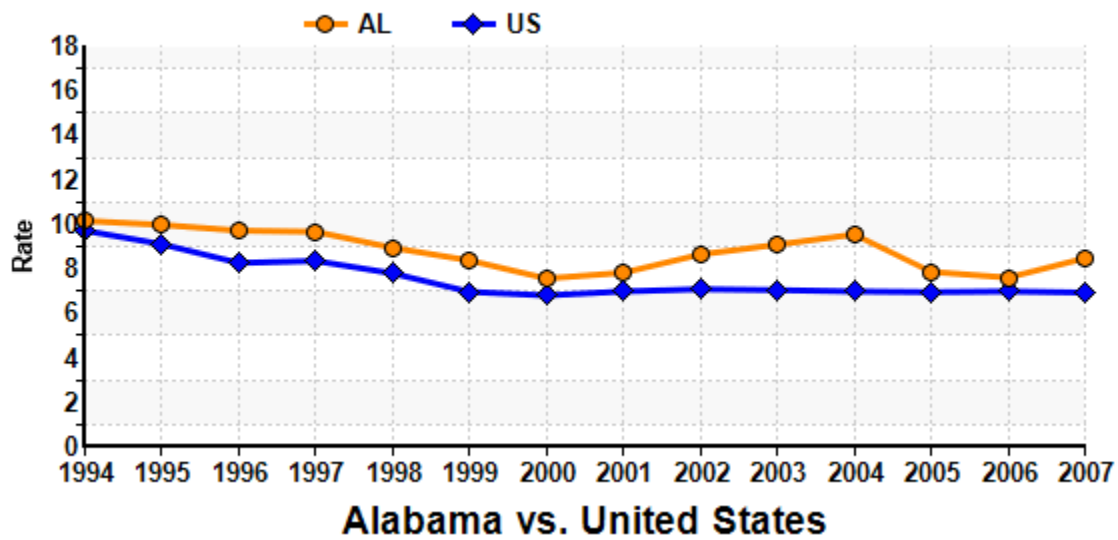
Figure 80 —Number of arrests for the sale or possession of drugs for youths and adults in Alabama, 2001-2010



Source: ACJIC

*Data may include duplicate counts and may be affected by resources available to enforce laws.

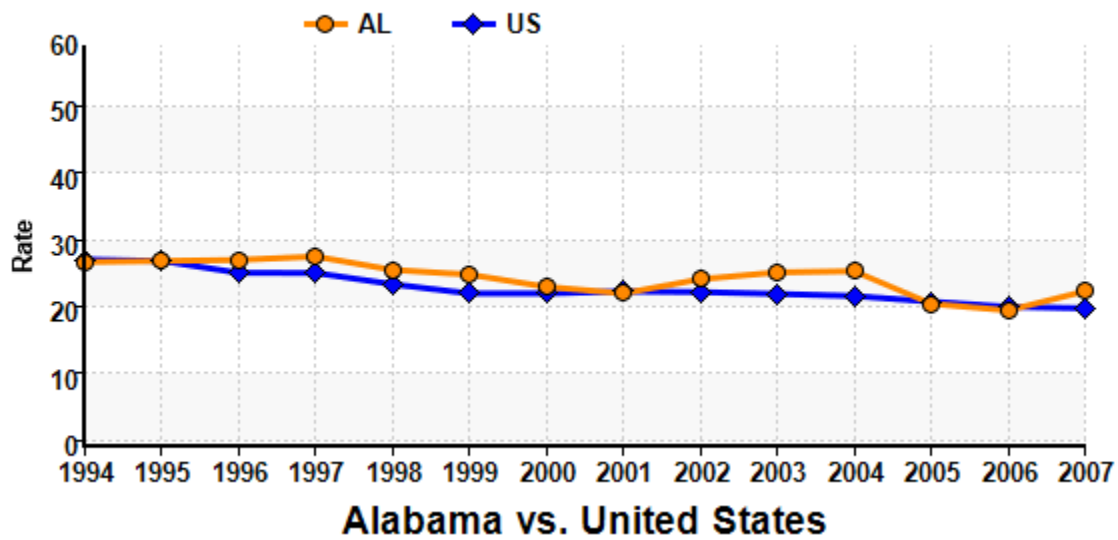
Figure 81 – Rate of Burglaries per 1,000 Population: 1994-2007



Burglaries/1000*							
	1994	1995	1996	1997	1998	1999	2000
AL	10.15	9.97	9.71	9.66	8.94	8.37	7.56
US	9.71	9.10	8.26	8.35	7.79	6.96	6.80
	2001	2002	2003	2004	2005	2006	2007
AL	7.82	8.64	9.08	9.54	7.86	7.60	8.47
US	6.98	7.08	7.04	6.98	6.95	6.98	6.93

Source: U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program, 1994–2007.

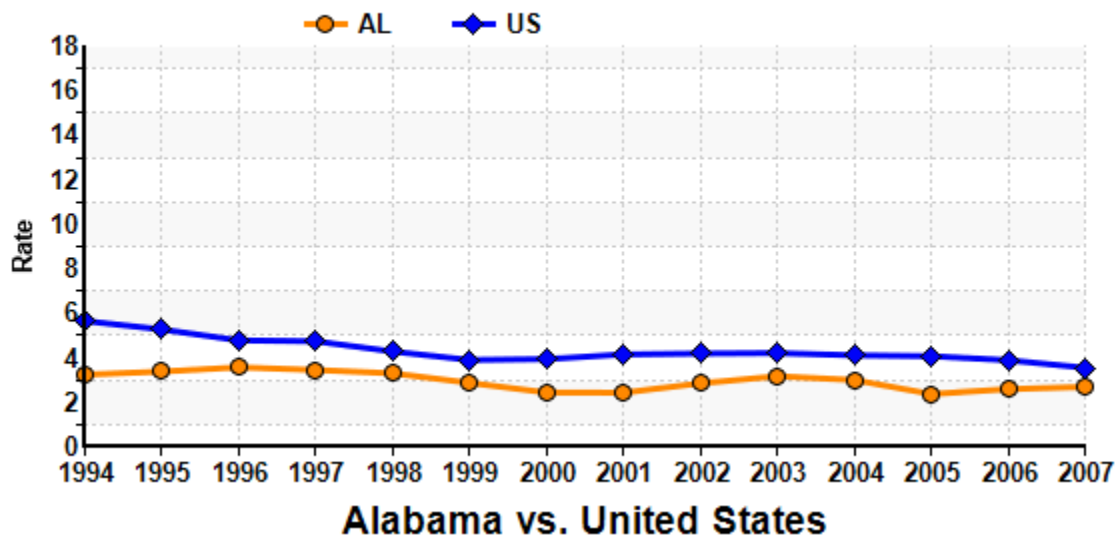
Figure 82 – Rate of Larcenies per 1,000 Population: 1994-2007



Larcenies/1000*							
	1994	1995	1996	1997	1998	1999	2000
AL	27.68	27.83	27.99	28.49	26.49	25.79	23.95
US	28.05	27.84	26.04	26.03	24.34	22.96	22.96
	2001	2002	2003	2004	2005	2006	2007
AL	22.97	25.10	26.12	26.30	21.42	20.42	23.29
US	23.27	23.17	22.90	22.58	21.74	20.96	20.74

Source: U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program, 1994–2007.

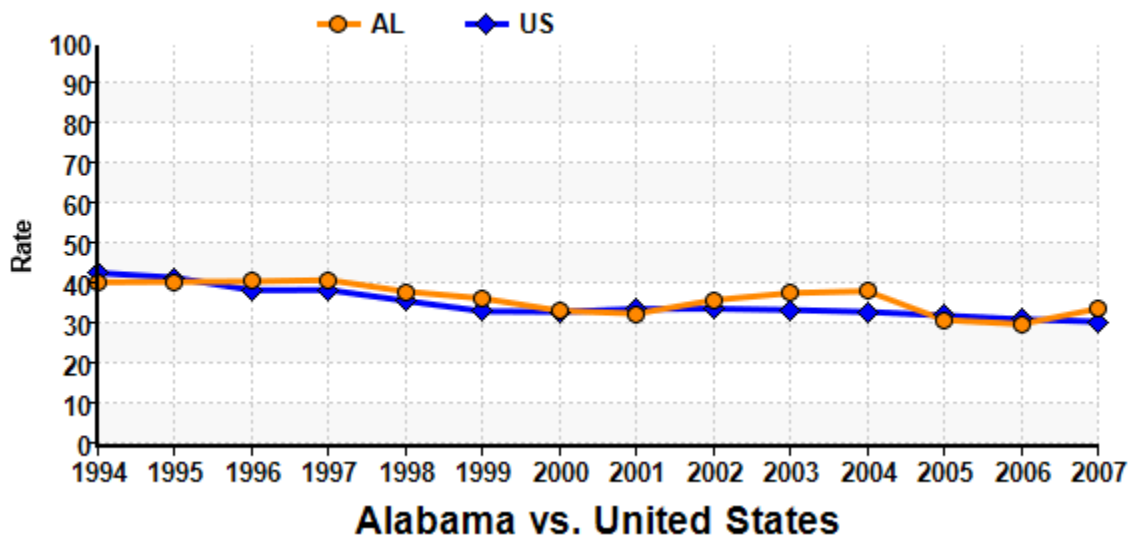
Figure 83 – Rate of Motor Vehicle Thefts per 1,000 Population: 1994-2007



Motor Vehicle Thefts/1000*							
	1994	1995	1996	1997	1998	1999	2000
AL	3.24	3.38	3.57	3.45	3.30	2.87	2.44
US	5.65	5.27	4.78	4.74	4.28	3.90	3.94
	2001	2002	2003	2004	2005	2006	2007
AL	2.43	2.85	3.17	3.00	2.37	2.59	2.69
US	4.15	4.19	4.21	4.11	4.07	3.89	3.55

Source: U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program, 1994–2007.

Figure 84 – Rate of Property Crimes per 1,000 Population: 1994-2007

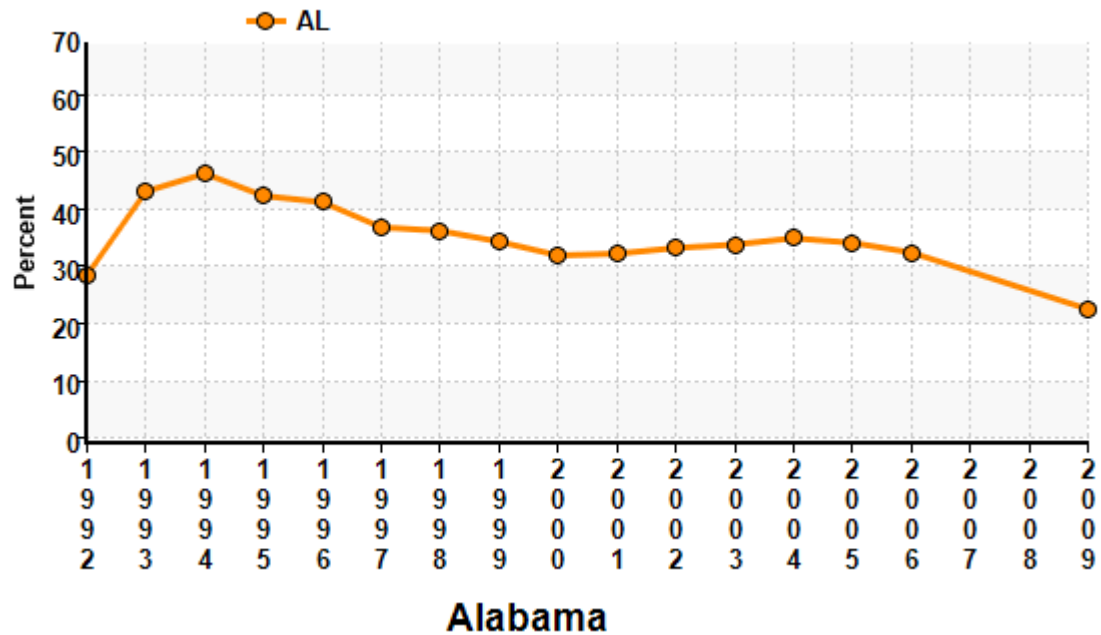


Property Crimes/1000*							
	1994	1995	1996	1997	1998	1999	2000
AL	41.07	41.18	41.26	41.60	38.74	37.03	33.95
US	43.41	42.20	39.08	39.13	36.41	33.81	33.70
	2001	2002	2003	2004	2005	2006	2007
AL	33.23	36.59	38.37	38.84	31.65	30.61	34.45
US	34.40	34.44	34.15	33.67	32.76	31.82	31.22

Source: U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program, 1994–2007.

Treatment

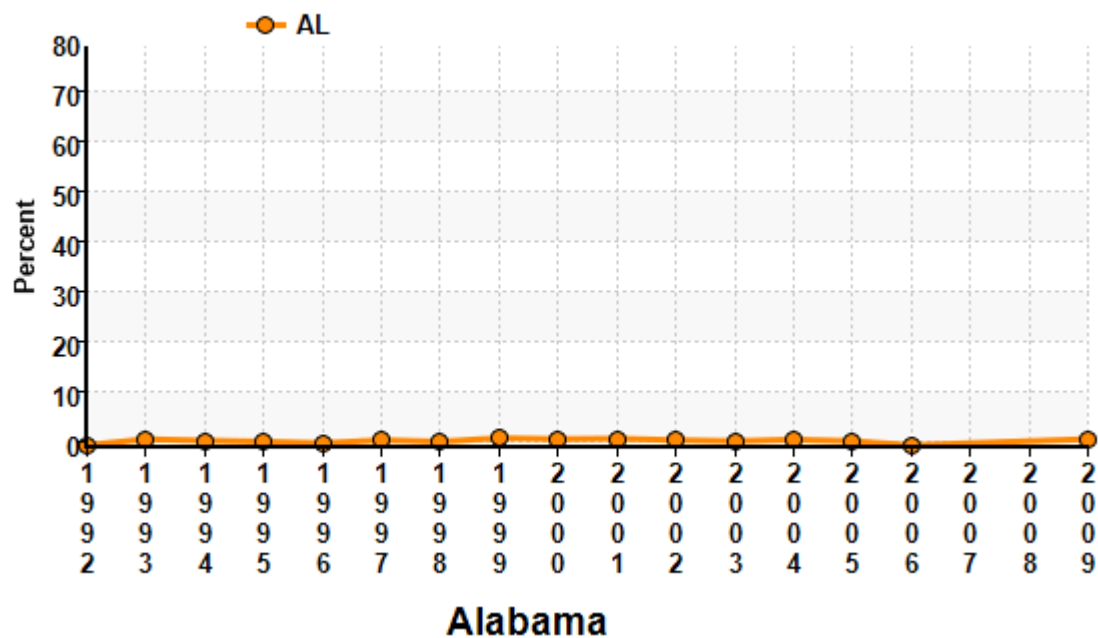
Figure 85 – Percentage of Total Admissions Reporting Any Use of Cocaine: 1992-2009



Percentage of Total Admissions Reporting Any Use of Cocaine: 1992-2009						
	1992	1993	1994	1995	1996	1997
AL	29.5	44.1	47.2	43.3	42.2	37.8
	1998	1999	2000	2001	2002	2003
AL	37.2	35.3	32.9	33.2	34.2	34.8
	2004	2005	2006	2007	2008	2009
AL	35.9	35.1	33.4	—	—	23.5

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through November 3, 2010.

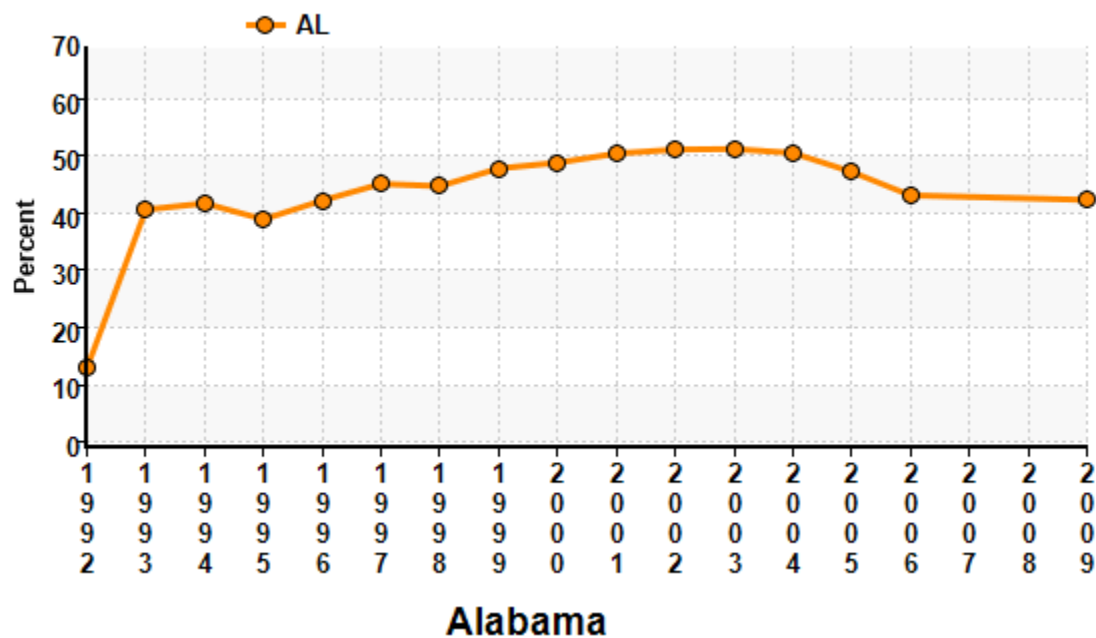
Figure 86 – Percentage of Total Admissions Reporting Any Use of Heroin: 1992-2009



Percentage of Total Admissions Reporting Any Use of Heroin: 1992-2009						
	1992	1993	1994	1995	1996	1997
AL	0.5	1.7	1.4	1.2	0.9	1.5
	1998	1999	2000	2001	2002	2003
AL	1.2	1.9	1.7	1.8	1.5	1.3
	2004	2005	2006	2007	2008	2009
AL	1.6	1.3	0.5	—	—	1.7

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through November 3, 2010.

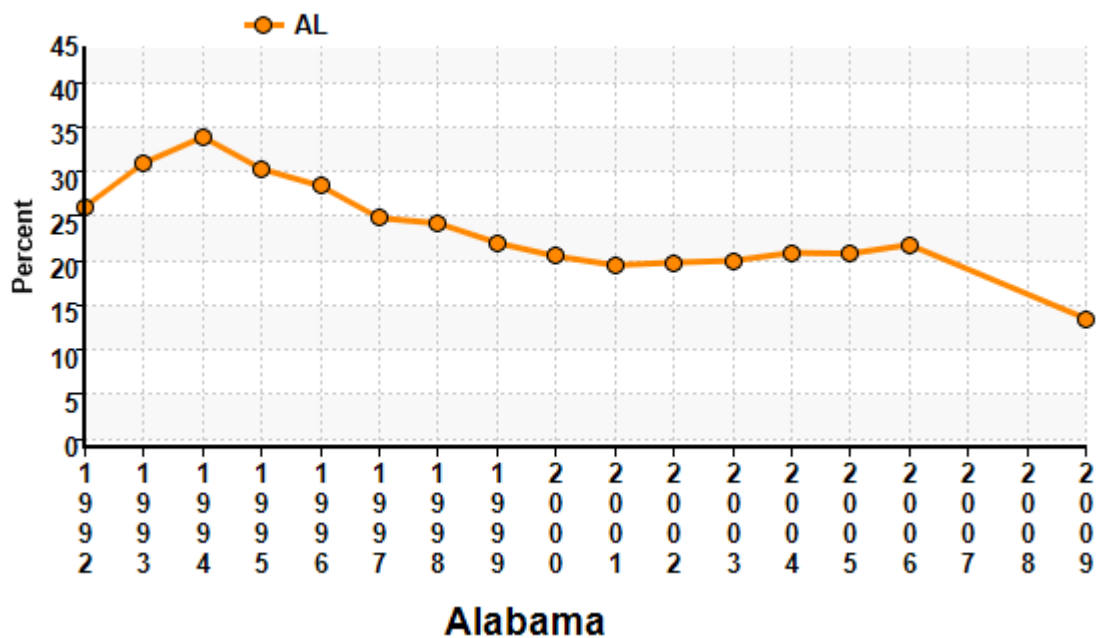
**Figure 87 – Percentage of Total Admissions Reporting Any Use of Marijuana:
1992-2009**



Percentage of Total Admissions Reporting Any Use of Marijuana: 1992-2009						
	1992	1993	1994	1995	1996	1997
AL	13.9	41.6	42.7	39.9	43.2	46.1
	1998	1999	2000	2001	2002	2003
AL	45.7	48.8	49.8	51.4	52.1	52.2
	2004	2005	2006	2007	2008	2009
AL	51.5	48.2	44.1	—	—	43.3

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through November 3, 2010.

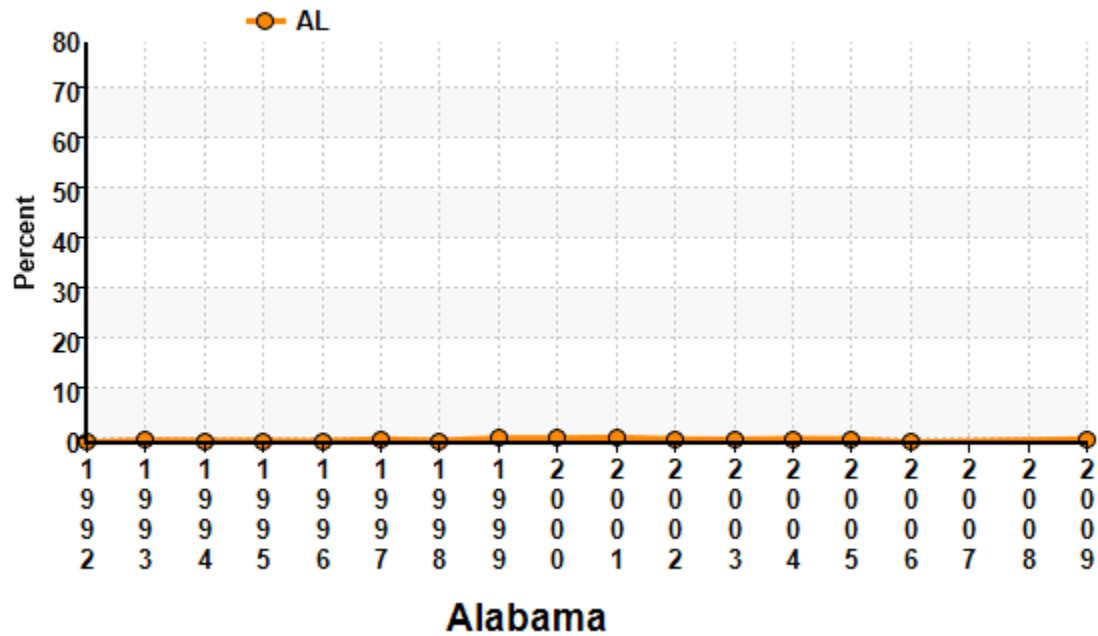
Figure 88 – Percentage of Total Admissions Reporting Cocaine as Their Primary Substance of Abuse: 1992-2009



Percentage of Total Admissions Reporting Cocaine as Their Primary Substance of Abuse: 1992-2009						
	1992	1993	1994	1995	1996	1997
AL	27.1	32.0	34.9	31.3	29.4	25.8
	1998	1999	2000	2001	2002	2003
AL	25.2	23.0	21.5	20.5	20.8	21.0
	2004	2005	2006	2007	2008	2009
AL	21.9	21.8	22.8	—	—	14.5

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through November 3, 2010.

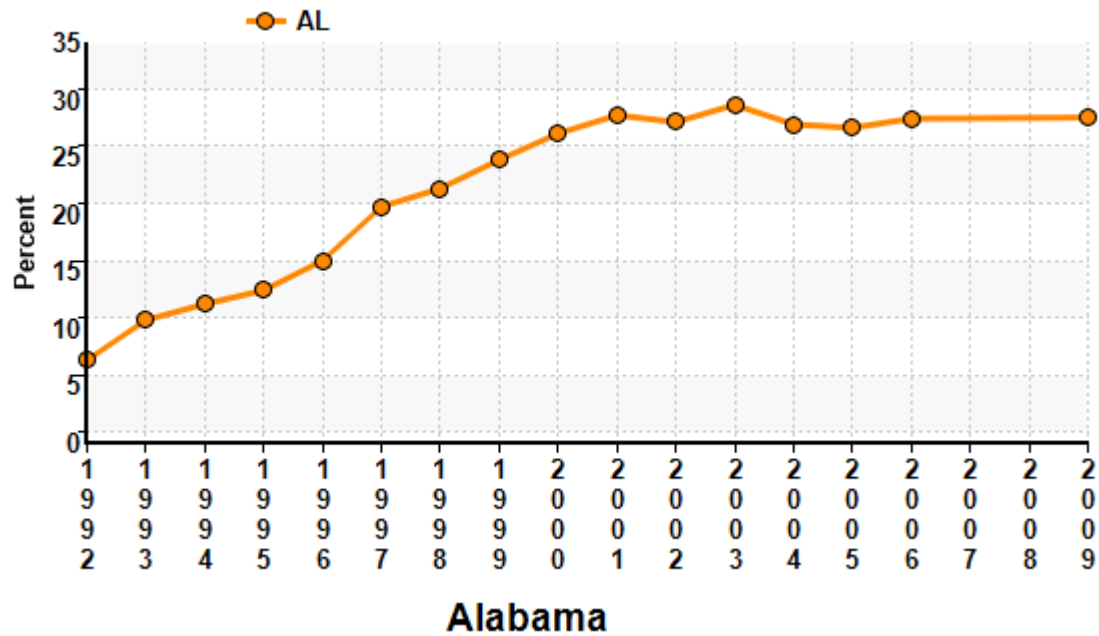
Figure 89 – Percentage of Total Admissions Reporting Heroin as Their Primary Substance of Abuse: 1992-2009



Percentage of Total Admissions Reporting Heroin as Their Primary Substance of Abuse: 1992-2009						
	1992	1993	1994	1995	1996	1997
AL	0.3	0.7	0.6	0.6	0.5	0.9
	1998	1999	2000	2001	2002	2003
AL	0.6	1.1	1.1	1.2	0.9	0.8
	2004	2005	2006	2007	2008	2009
AL	1.0	0.9	0.3	—	—	0.9

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through November 3, 2010.

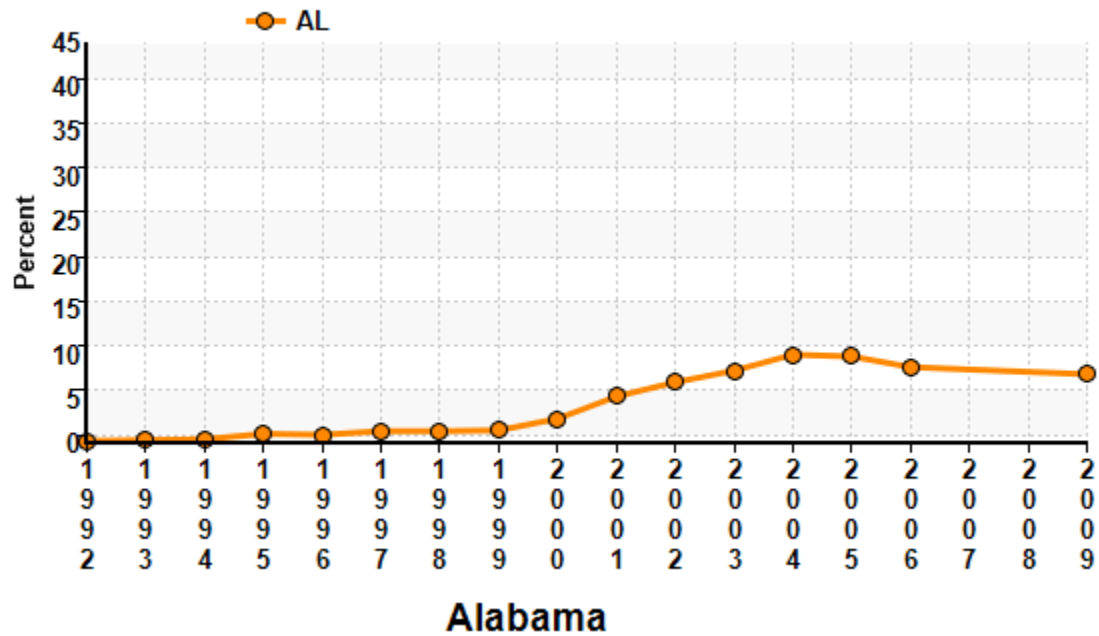
Figure 90 – Percentage of Total Admissions Reporting Marijuana as Their Primary Substance of Abuse: 1992-2009



Percentage of Total Admissions Reporting Marijuana as Their Primary Substance of Abuse: 1992-2009						
	1992	1993	1994	1995	1996	1997
AL	7.3	10.8	12.2	13.4	16.0	20.7
	1998	1999	2000	2001	2002	2003
AL	22.3	24.8	27.1	28.7	28.1	29.6
	2004	2005	2006	2007	2008	2009
AL	27.9	27.6	28.4	—	—	28.5

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through November 3, 2010.

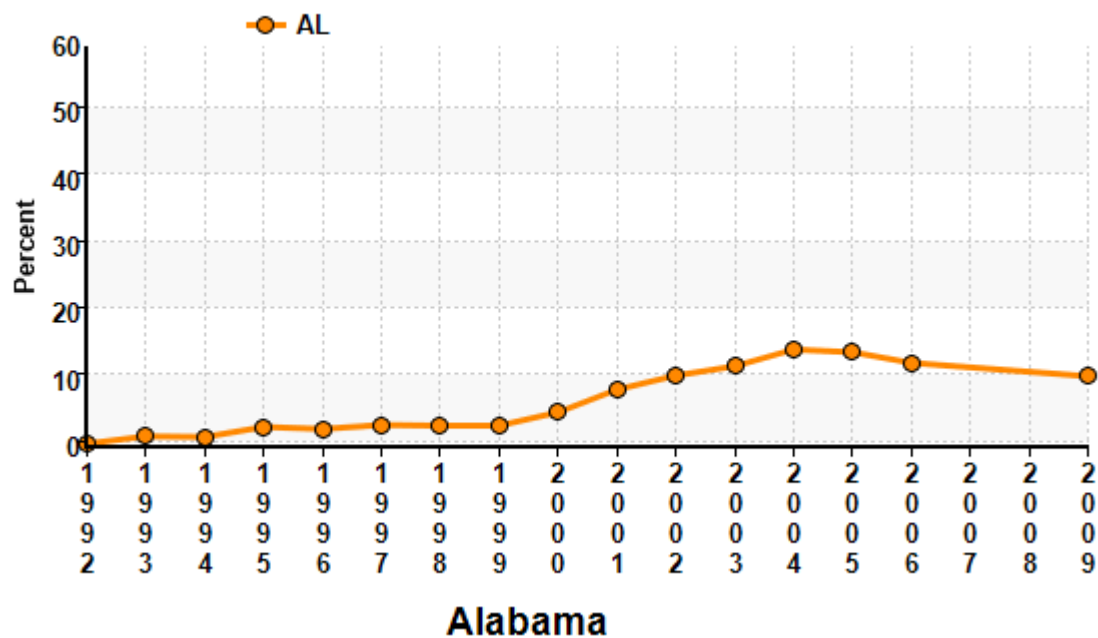
Figure 91 – Percentage of Total Admissions Reporting Stimulants as Their Primary Substance of Abuse: 1992-2009



Percentage of Total Admissions Reporting Stimulants as Their Primary Substance of Abuse: 1992-2009						
	1992	1993	1994	1995	1996	1997
AL	0.3	0.4	0.5	1.1	1.0	1.4
	1998	1999	2000	2001	2002	2003
AL	1.4	1.5	2.8	5.3	6.9	8.2
	2004	2005	2006	2007	2008	2009
AL	10.0	9.8	8.6	—	—	7.8

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through November 3, 2010.

**Figure 92 – Percentage of Total Admissions Reporting Any Use of Stimulants:
1992-2009**



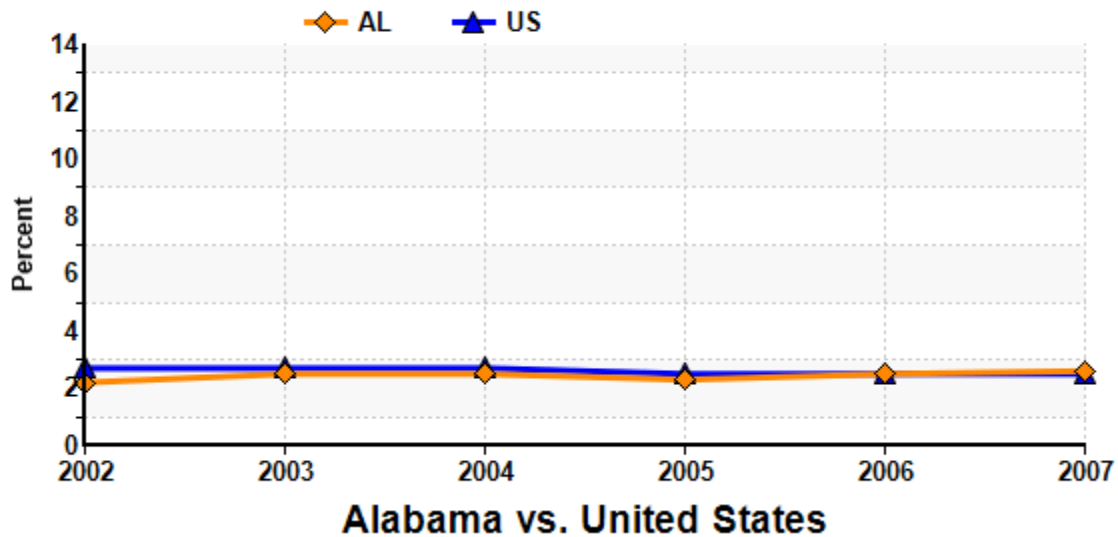
Percentage of Total Admissions Reporting Any Use of Stimulants: 1992-2009						
	1992	1993	1994	1995	1996	1997
AL	0.6	1.7	1.6	3.1	2.8	3.4
	1998	1999	2000	2001	2002	2003
AL	3.3	3.3	5.3	8.7	10.8	12.2
	2004	2005	2006	2007	2008	2009
AL	14.7	14.3	12.7	—	—	10.7

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through November 3, 2010.

Treatment Gap

- Treatment and after-care services are needed to combat the effects of drug dependence or abuse.

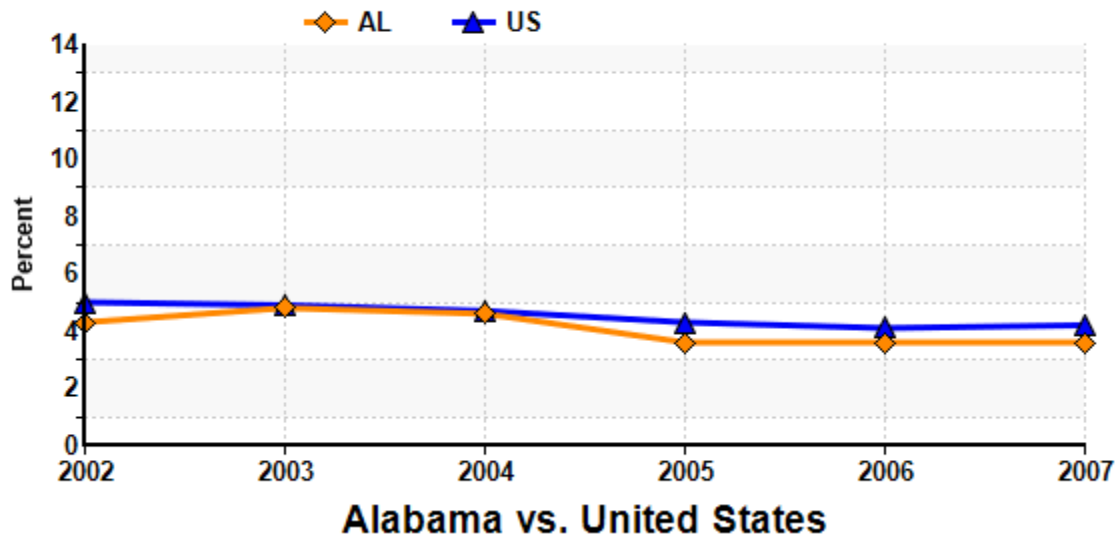
Figure 93 – Percentage of Persons Aged 12 or Older Needing but Not Receiving Treatment for Illicit Drug Use in Past Year: 2002-2003 to 2007-2008



Percentage of Persons Aged 12 or Older Needing But Not Receiving Treatment for Illicit Drug Use in Past Year: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	2.2	2.5	2.5	2.3	2.5	2.6
CI	1.8 - 2.7	2.0 - 3.0	2.0 - 3.0	1.8 - 2.8	1.9 - 3.1	2.0 - 3.4
US-Est.	2.7	2.7	2.7	2.5	2.5	2.5

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

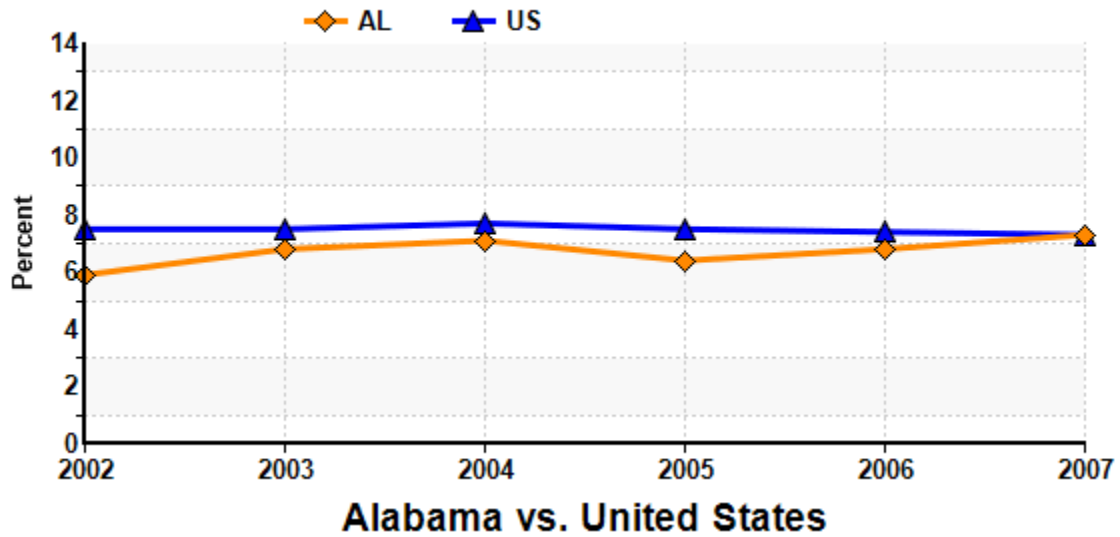
Figure 94 – Percentage of Persons Aged 12 to 17 Needing but Not Receiving Treatment for Illicit Drug Use in Past Year: 2002-2003 to 2007-2008



Percentage of Persons Aged 12 to 17 Needing But Not Receiving Treatment for Illicit Drug Use in Past Year: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	4.3	4.8	4.6	3.6	3.6	3.6
CI	3.2 - 5.7	3.7 - 6.2	3.4 - 6.1	2.6 - 5.0	2.9 - 4.6	2.7 - 4.7
US-Est.	5.0	4.9	4.7	4.3	4.1	4.2

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

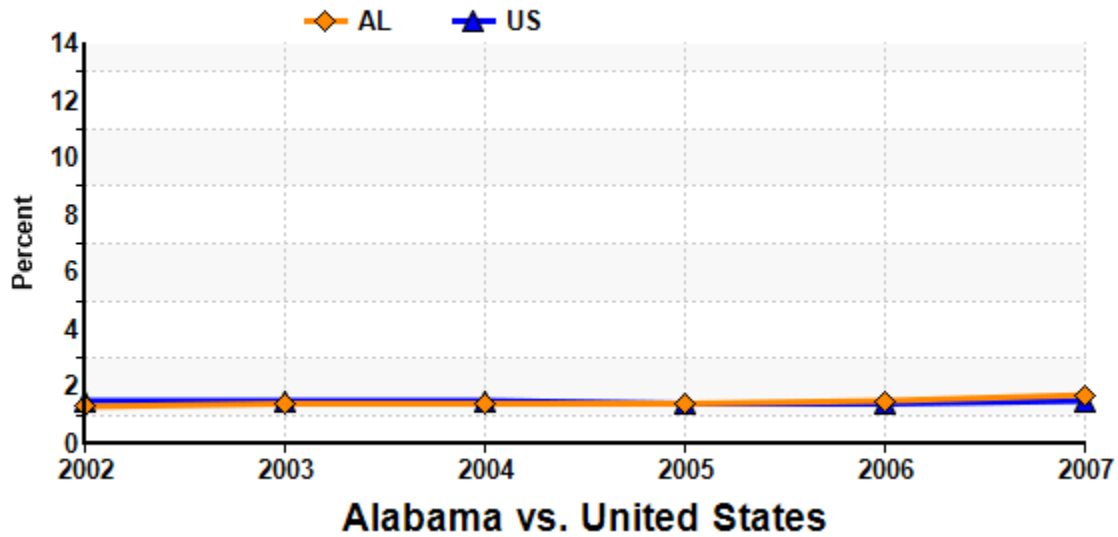
Figure 95 – Percentage of Persons Aged 18 to 25 Needing but Not Receiving Treatment for Illicit Drug Use in Past Year: 2002-2003 to 2007-2008



Percentage of Persons Aged 18 to 25 Needing But Not Receiving Treatment for Illicit Drug Use in Past Year: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	5.9	6.8	7.1	6.4	6.8	7.3
CI	4.6 - 7.7	5.3 - 8.7	5.5 - 9.1	4.9 - 8.4	5.4 - 8.6	5.8 - 9.3
US-Est.	7.5	7.5	7.7	7.5	7.4	7.3

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

Figure 96 – Percentage of Persons Aged 26 or Older Needing but Not Receiving Treatment for Illicit Drug Use in Past Year: 2002-2003 to 2007-2008



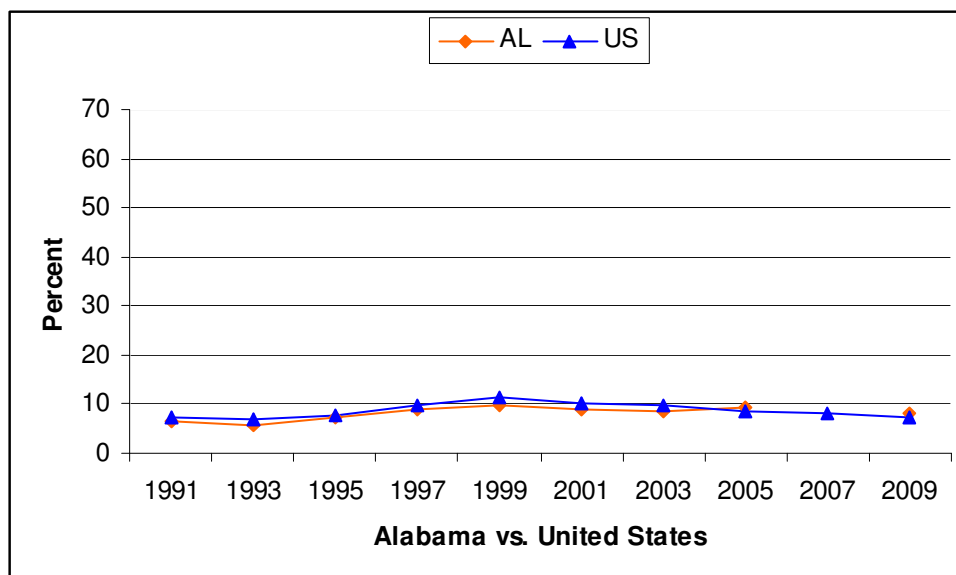
Percentage of Persons Aged 26 or Older Needing But Not Receiving Treatment for Illicit Drug Use in Past Year: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	1.3	1.4	1.4	1.4	1.5	1.7
CI	0.9 - 1.8	1.0 - 2.0	0.9 - 2.0	0.9 - 2.0	1.0 - 2.3	1.1 - 2.6
US-Est.	1.5	1.5	1.5	1.4	1.4	1.5

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

Other Drugs Consumption

Age of Initial Use

Figure 97 – Percentage of Students in 9th-12th Grade Who Reported First Using Marijuana before Age 13: 1991-2009

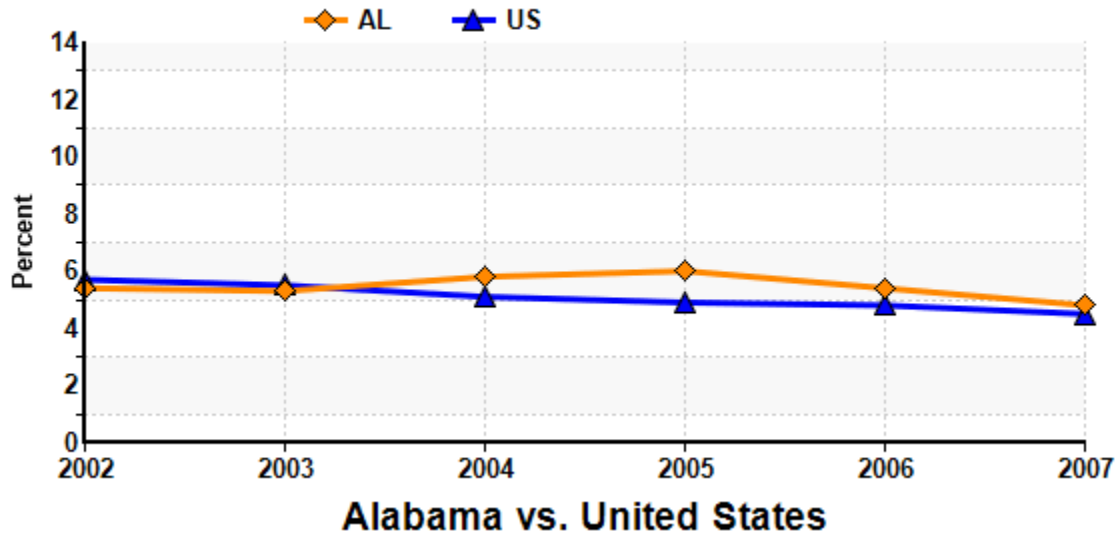


All					
	1991	1993	1995	1997	1999
AL-Est.	6.6	5.7	7.4	9.0	9.8
CI	-	-	-	-	7.7 - 11.9
US-Est.	7.4	6.9	7.6	9.7	11.3
CI	6.2 - 8.6	5.8 - 8.0	6.4 - 8.8	8.3 - 11.1	9.5 - 13.1
	2001	2003	2005	2007	2009
AL-Est.	8.8	8.5	9.2	—	8.0
CI	6.4 - 11.2	7.1 - 9.9	6.9 - 11.5		
US-Est.	10.2	9.9	8.7	8.3	7.5
CI	9.0 - 11.4	8.6 - 11.2	7.8 - 9.6	6.9 - 9.7	6.7 - 8.3

Source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 1991–2009.

Current Use

Figure 98 – Percentage of Persons Aged 12 to 17 Reporting Use of Any Illicit Drug Other than Marijuana or an Abusable Product That Be Obtained Legally within the Past 30 Days: 2002-2003 to 2007-2008

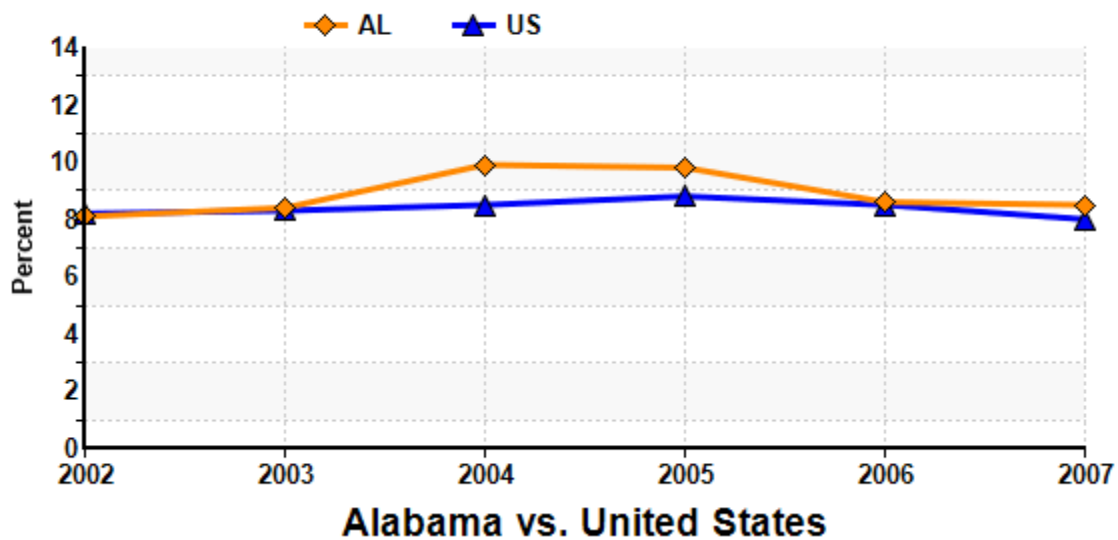


Percentage of Persons Aged 12 to 17 Reporting Use of Any Illicit Drug Other Than Marijuana or an Abusable Product That Can Be Obtained Legally within the Past 30 Days: 2002-03 to 2007-08

	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	5.4	5.3	5.8	6.0	5.4	4.8
CI	4.2 - 6.9	4.2 - 6.8	4.5 - 7.5	4.7 - 7.7	4.2 - 6.9	3.7 - 6.1
US-Est.	5.7	5.5	5.1	4.9	4.8	4.5

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

Figure 99 – Percentage of Persons Aged 18 to 25 Reporting Use of Any Illicit Drug Other than Marijuana or an Abusable Product That Be Obtained Legally within the Past 30 Days: 2002-2003 to 2007-2008

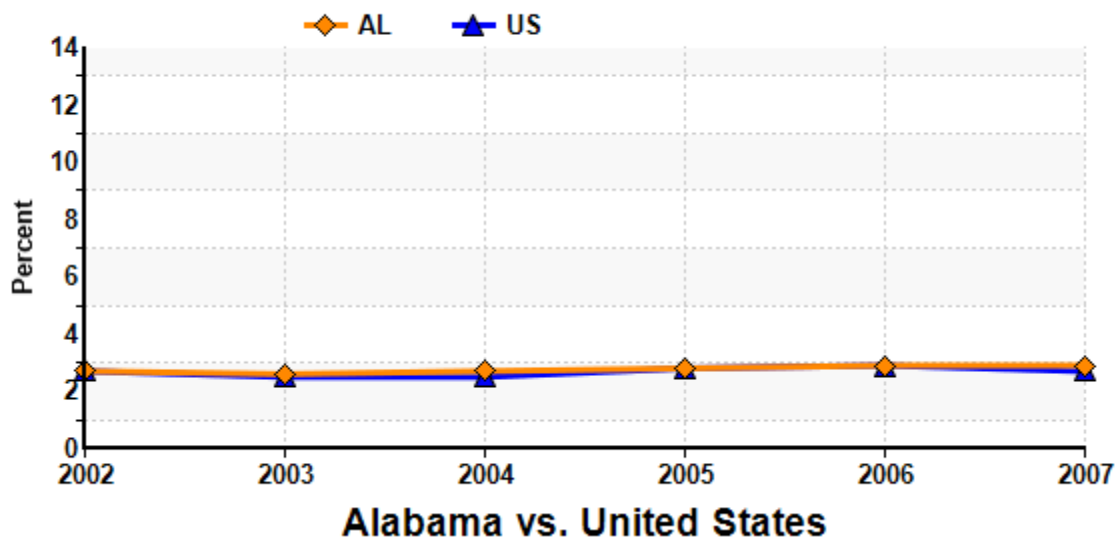


Percentage of Persons Aged 18 to 25 Reporting Use of Any Illicit Drug Other Than Marijuana or an Abusable Product That Can Be Obtained Legally within the Past 30 Days: 2002-03 to 2007-08

	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	8.1	8.4	9.9	9.8	8.6	8.5
CI	6.5 - 10.0	6.7 - 10.6	7.7 - 12.6	7.7 - 12.3	6.9 - 10.7	6.8 - 10.6
US-Est.	8.2	8.3	8.5	8.8	8.5	8.0

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

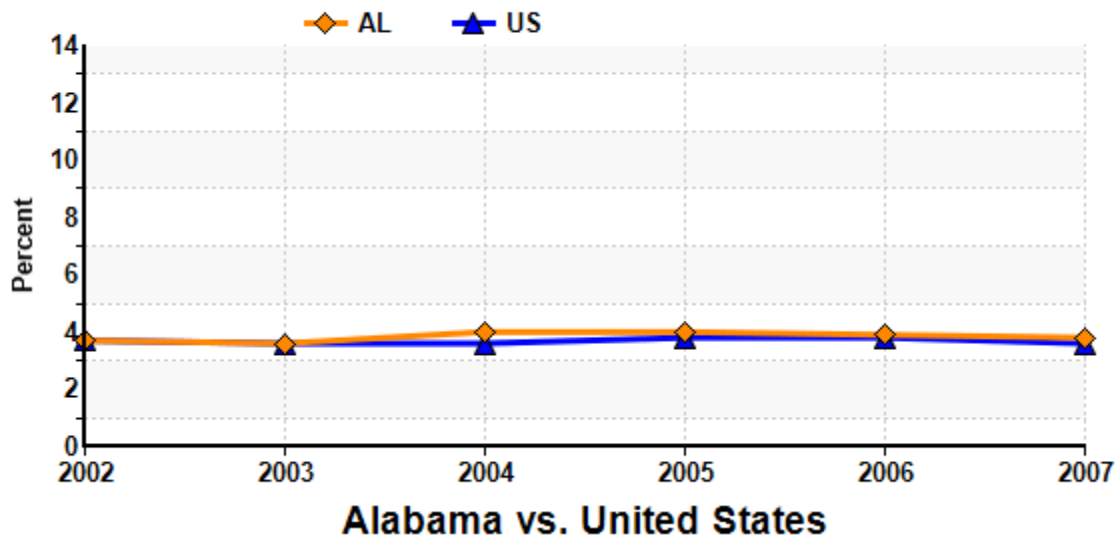
Figure 100 – Percentage of Persons Aged 26 or Older Reporting Use of Any Illicit Drug Other than Marijuana or an Abusable Product That Be Obtained Legally within the Past 30 Days: 2002-2003 to 2007-2008



Percentage of Persons Aged 26 or Older Reporting Use of Any Illicit Drug Other Than Marijuana or an Abusable Product That Can Be Obtained Legally within the Past 30 Days: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	2.7	2.6	2.7	2.8	2.9	2.9
CI	2.0 - 3.8	1.8 - 3.5	1.9 - 3.8	2.0 - 3.9	2.1 - 4.0	2.0 - 4.2
US-Est.	2.7	2.5	2.5	2.8	2.9	2.7

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

Figure 101 – Percentage of Persons Aged 12 or Older Reporting Use of Any Illicit Drug Other than Marijuana or an Abusable Product That Be Obtained Legally within the Past 30 Days: 2002-2003 to 2007-2008

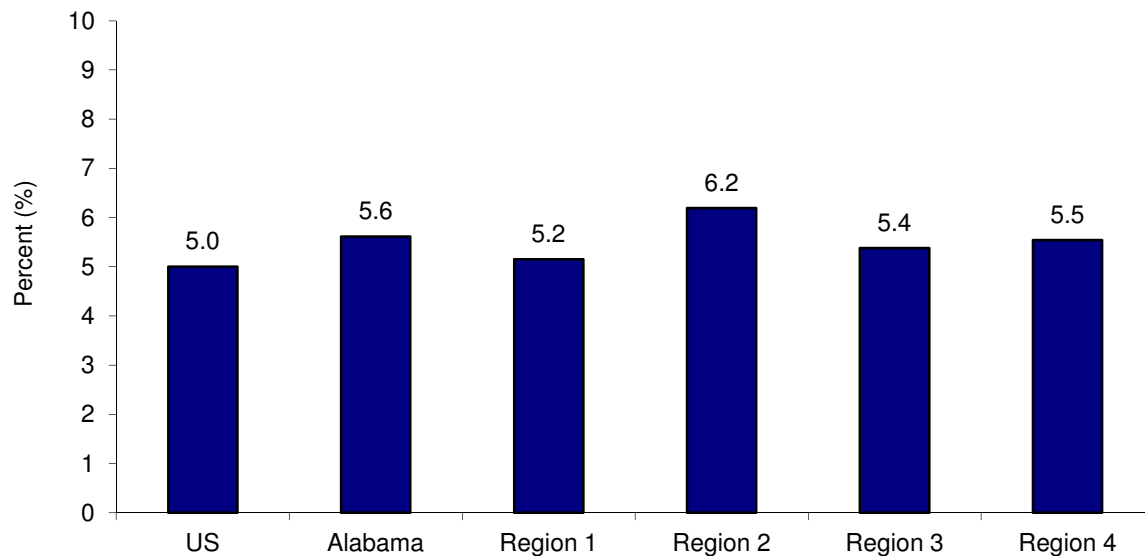


Percentage of Persons Aged 12 or Older Reporting Use of Any Illicit Drug Other Than Marijuana or an Abusable Product That Can Be Obtained Legally within the Past 30 Days: 2002-03 to 2007-08						
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
AL-Est.	3.7	3.6	4.0	4.0	3.9	3.8
CI	3.0 - 4.6	3.0 - 4.4	3.2 - 4.9	3.2 - 5.0	3.1 - 4.9	2.9 - 4.9
US-Est.	3.7	3.6	3.6	3.8	3.8	3.6

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2002–2008.

- Non-medical use of prescription pain relievers during the past year among individuals 12 years and older in Alabama (5.6%) was higher than the national average (5.0%) (Figure 102).
- Non-medical use of prescription pain relievers was comparable across regions. Region 2 had the highest percent of persons who reported non-medical use of prescription pain relievers during the past year (6.2%) while Region 1 had the lowest percent (5.2%); however, these differences were not statistically significant (Figure 102).

Figure 102 —Percent of individuals ages 12 years and older in Alabama who reported non-medical use of prescription pain relievers during the past year by region, 2006-2008



Source: NSDUH

Data combined across multiple years due to small sample size.

- Overall, the non-medical use of pain relievers was higher among Alabama youth compared with national averages between 2005 and 2008 (Table 4).
- The percent of youth ages 12-17 years who reported non-medical use of pain relievers decreased both at the state- and national-level.

Table 4 —Percent of youth (ages 12-17 years) in Alabama and United States who reported non-medical use of pain relievers in past year, 2005-2008

	2005-06	2006-07	2007-08
Alabama	8.9	8.9	7.3
United States	7.0	6.9	6.6

Source: NSDUH

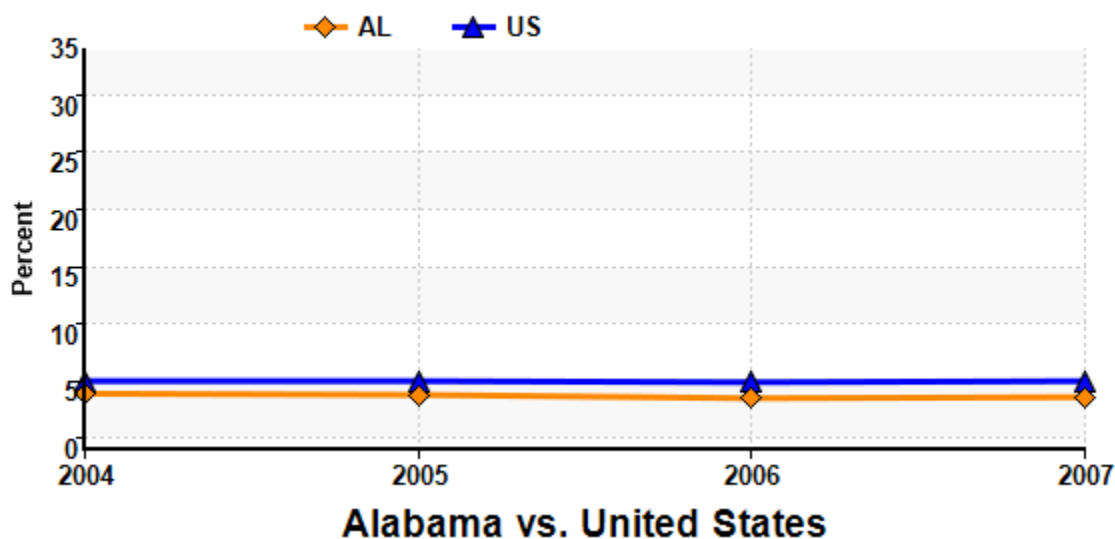
- The non-medical use of prescription pain medications did not change significantly between 2005 and 2008, although the estimates for Alabama were slightly higher than national estimates for the 18-25 year age group (Table 5).

Table 5 —Percent of adults in Alabama and United States who reported non-medical use of prescription pain relievers in past year by age group and year, 2005-2008

	Age Group					
	18-25 years			26 and older		
	2005-06	2006-07	2007-08	2005-06	2006-07	2007-08
Alabama	14.1	13.8	13.3	3.3	4.2	3.9
United States	12.4	12.3	12.1	3.4	3.6	3.4

Source: NSDUH

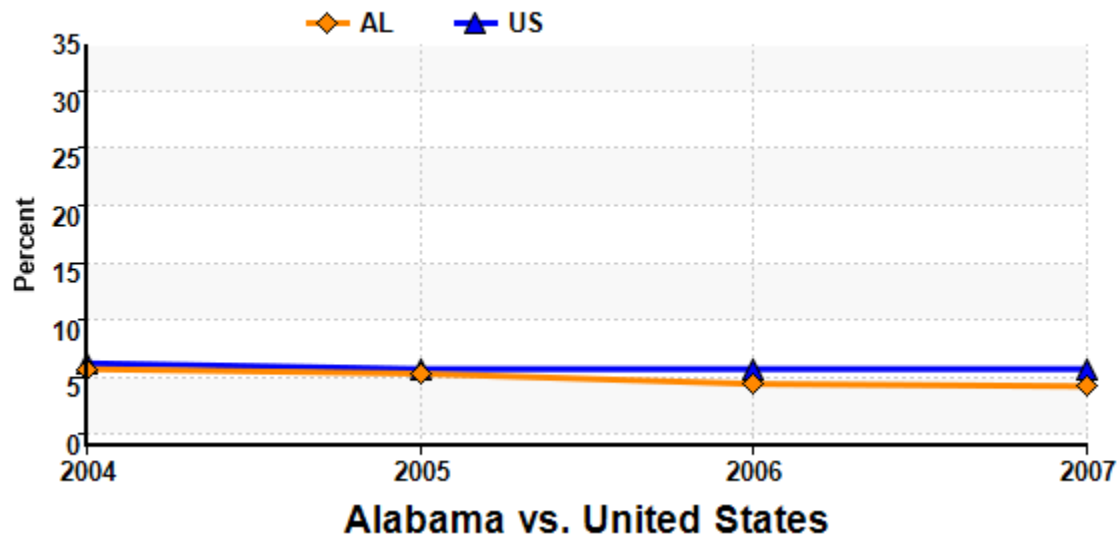
Figure 103 – Percentage of Persons Aged 12 or Older Reporting Any Use of Marijuana within the Past 30 Days: 2004-2005 to 2007-2008



Percentage of Persons Aged 12 or Older Reporting Any Use of Marijuana within the Past 30 Days: 2004-05 to 2007-08				
	2004-05	2005-06	2006-07	2007-08
AL-Est.	4.9	4.8	4.5	4.6
CI	4.0 - 5.9	3.9 - 5.9	3.6 - 5.6	3.7 - 5.6
US-Est.	6.0	6.0	5.9	6.0

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2004–2008.

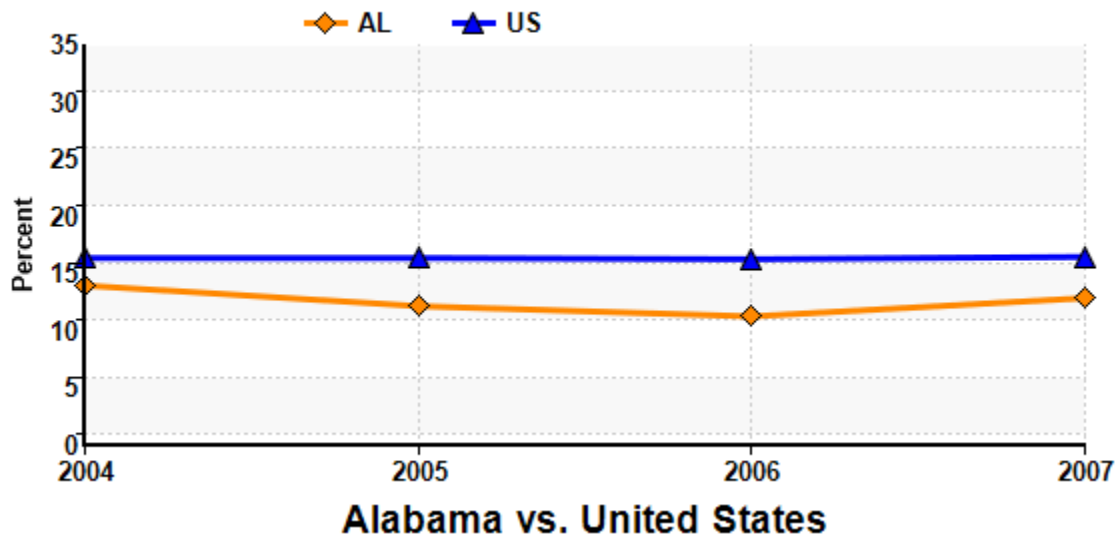
Figure 104 – Percentage of Persons Aged 12 to 17 Reporting Any Use of Marijuana within the Past 30 Days: 2004-2005 to 2007-2008



Percentage of Persons Aged 12 to 17 Reporting Any Use of Marijuana within the Past 30 Days: 2004-05 to 2007-08				
	2004-05	2005-06	2006-07	2007-08
AL-Est.	6.7	6.3	5.4	5.2
CI	5.2 - 8.7	4.8 - 8.2	4.2 - 7.0	4.1 - 6.6
US-Est.	7.2	6.7	6.7	6.7

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2004–2008.

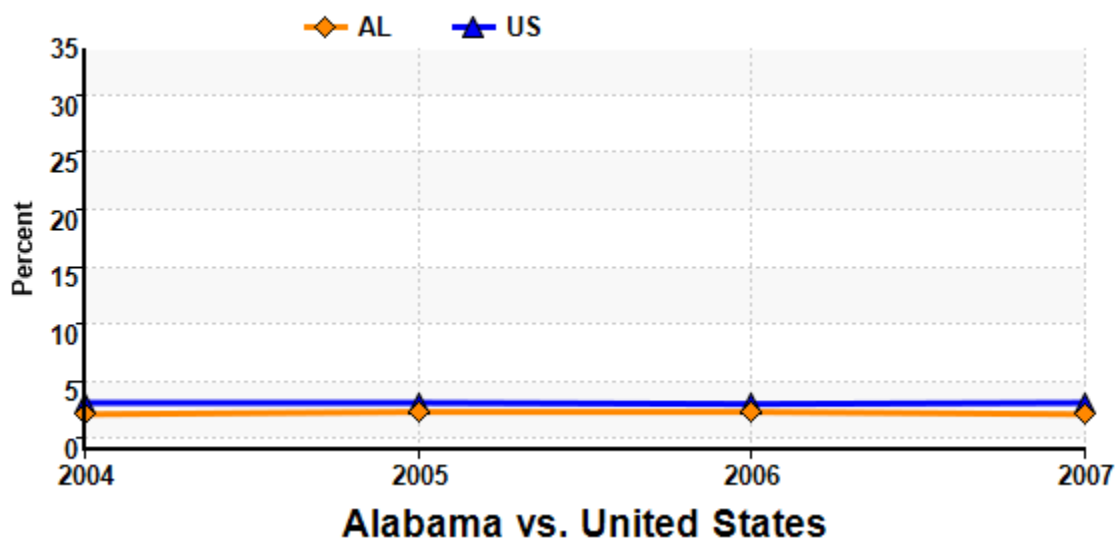
Figure 105 – Percentage of Persons Aged 18 to 25 Reporting Any Use of Marijuana within the Past 30 Days: 2004-2005 to 2007-2008



Percentage of Persons Aged 18 to 25 Reporting Any Use of Marijuana within the Past 30 Days: 2004-05 to 2007-08				
	2004-05	2005-06	2006-07	2007-08
AL-Est.	14.0	12.2	11.3	12.9
CI	11.5 - 16.9	9.9 - 14.9	9.0 - 14.0	10.6 - 15.7
US-Est.	16.4	16.4	16.3	16.5

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2004–2008.

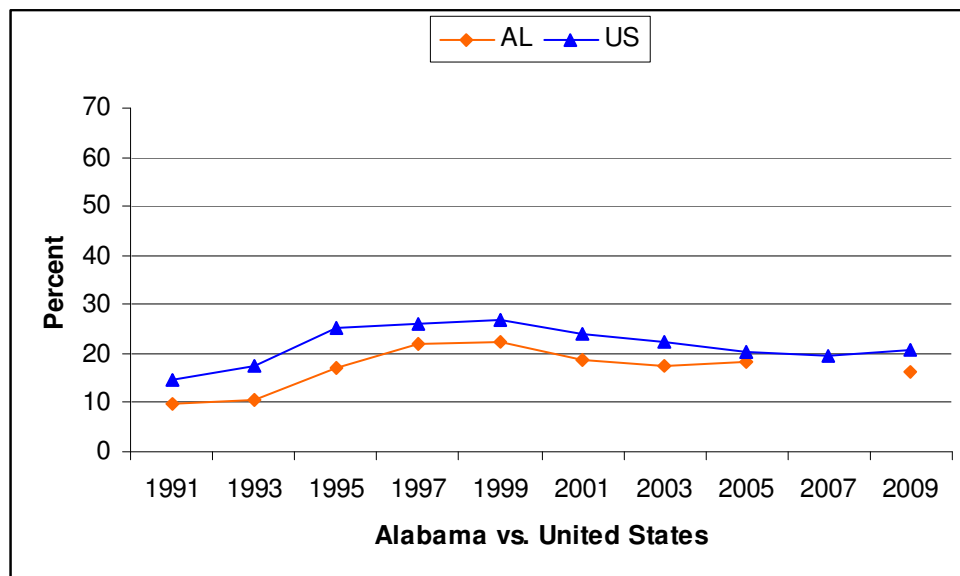
Figure 106 – Percentage of Persons Aged 26 or Older Reporting Any Use of Marijuana within the Past 30 Days: 2004-2005 to 2007-2008



Percentage of Persons Aged 26 or Older Reporting Any Use of Marijuana within the Past 30 Days: 2004-05 to 2007-08				
	2004-05	2005-06	2006-07	2007-08
AL-Est.	3.1	3.3	3.3	3.1
CI	2.2 - 4.2	2.4 - 4.5	2.4 - 4.4	2.2 - 4.2
US-Est.	4.1	4.1	4.0	4.1

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2004–2008.

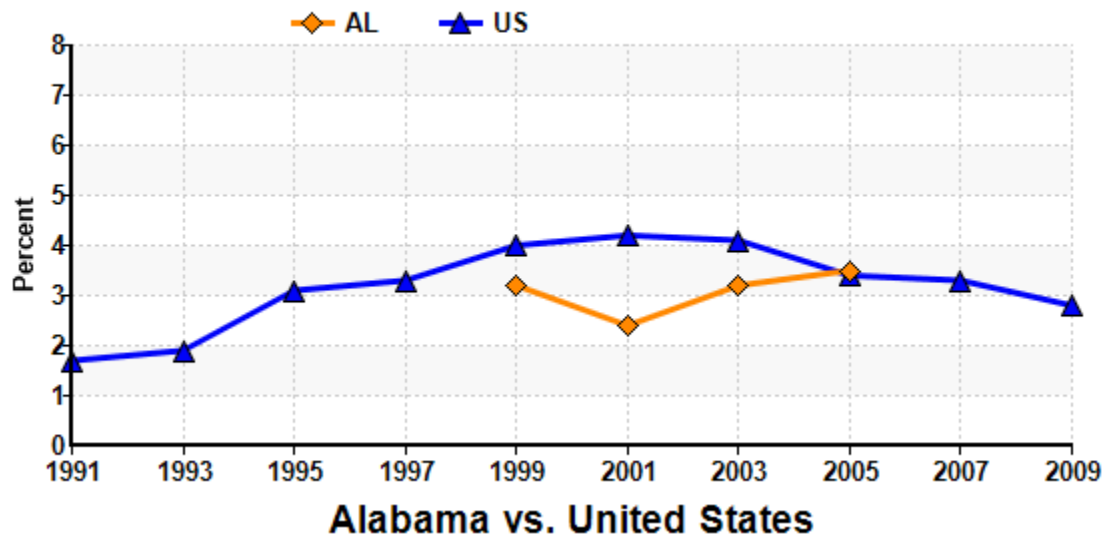
Figure 107 – Percentage of Students in 9th-12th Grade Reporting Any Use of Marijuana in the Past 30 Days: 1991-2009



All					
	1991	1993	1995	1997	1999
AL-Est.	9.6	10.4	17.1	21.8	22.2
CI	-	-	-	-	19.4 - 25.0
US-Est.	14.7	17.7	25.3	26.2	26.7
CI	12.6 - 16.8	15.3 - 20.1	23.5 - 27.1	24.0 - 28.4	24.2 - 29.2
	2001	2003	2005	2007	2009
AL-Est.	18.8	17.7	18.5	—	16.2
CI	16.3 - 21.3	15.0 - 20.4	15.6 - 21.4	-	-
US-Est.	23.9	22.4	20.2	19.7	20.8
CI	22.4 - 25.4	20.3 - 24.5	18.6 - 21.8	17.7 - 21.7	19.3 - 22.3

Source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 1991–2009.

Figure 108 – Percent of Students in 9th-12th Grade Reporting any Use of Cocaine in the Past 30 Days: 1991-2009



All					
	1991	1993	1995	1997	1999
AL-Est.	—	—	—	—	3.2
CI					2.2 - 4.2
US-Est.	1.7	1.9	3.1	3.3	4.0
CI	1.2 - 2.2	1.5 - 2.3	2.3 - 3.9	2.8 - 3.8	3.3 - 4.7
	2001	2003	2005	2007	2009
AL-Est.	2.4	3.2	3.5	—	—
CI	1.5 - 3.3	2.3 - 4.1	1.9 - 5.1		
US-Est.	4.2	4.1	3.4	3.3	2.8
CI	3.5 - 4.9	3.2 - 5.0	2.8 - 4.0	2.8 - 3.8	2.4 - 3.2

— Not available in SEDS.

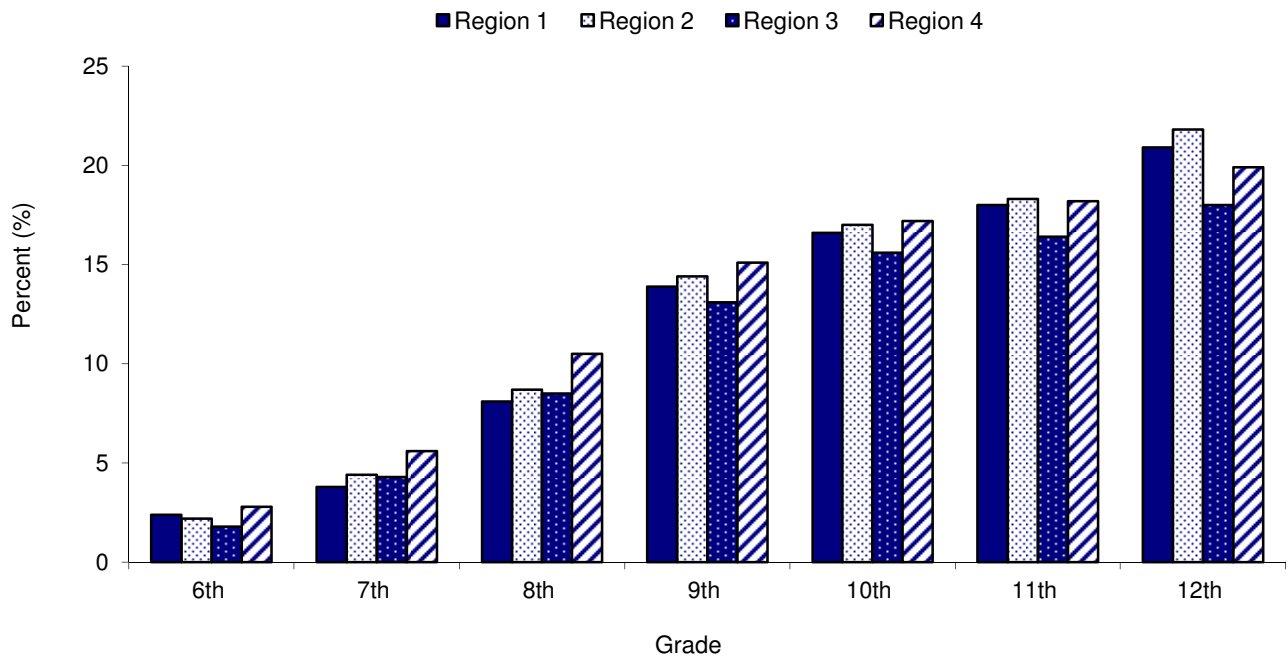
For additional information on this indicator please see the indicator list on the [YRBS Data Sources](#) page.

Source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 1991–2009.

The percent of youth in Alabama who reported using marijuana during the past month increased as grade increased.

- Current marijuana use was comparable across regions, with Region 3 having slightly lower percent of students reporting current marijuana use in 9th-12th grades (Figure 109).

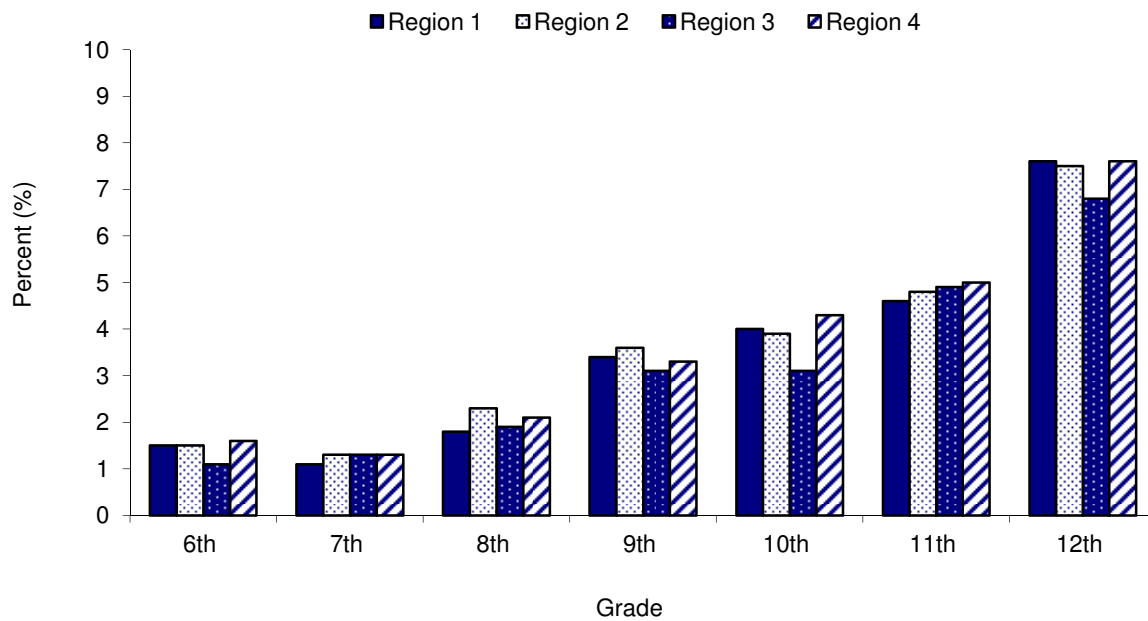
Figure 109 —Percent of Alabama youth who reported marijuana use during the past month by grade and region, 2009-2010



Source: Alabama Pride Survey

- Overall, less than 2% of 6th and 7th graders reported cocaine use during the past month compared with approximately 7% of 12th graders (Figure 110).
- Current cocaine use was similar across regions within each grade (Figure 110).

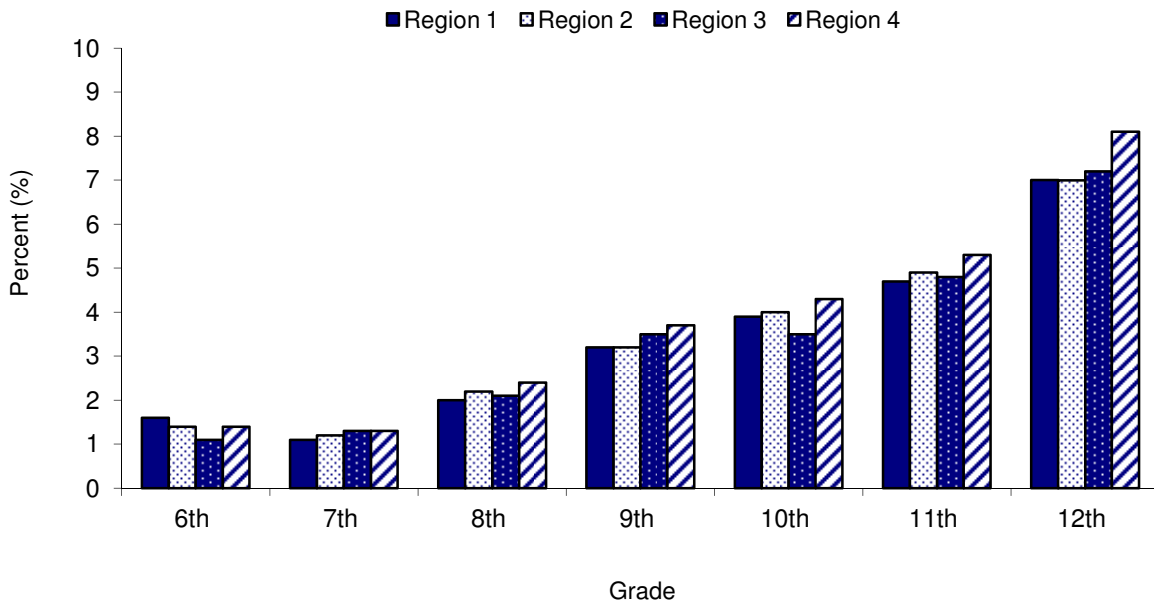
Figure 110 —Percent of Alabama youth who reported cocaine use during the past month by grade and region, 2009-2010



Source: Alabama Pride Survey

- The percent of Alabama youth who reported using ecstasy during the past month increased as school grade increased for each region (Figure 111).
- Current ecstasy use was similar across regions within each grade, with Region 4 having a slightly higher use in 9th-12th grades (Figure 111).

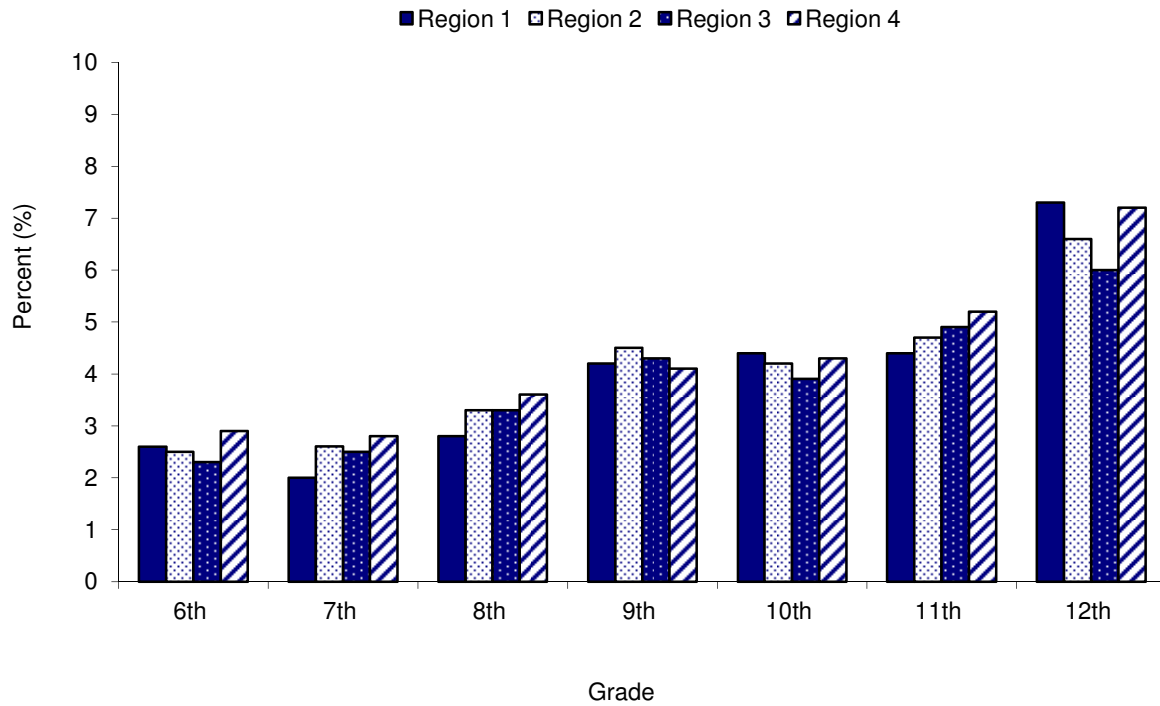
Figure 111 —Percent of Alabama youth who reported ecstasy use during the past month by grade and region, 2009-2010



Source: Alabama Pride Survey

- Overall, less than 3% of 6th and 7th graders in Alabama reported inhalant use during the past month compared with approximately 7% of 12th graders in Alabama (Figure 112).
- Current inhalant use was similar across regions within each grade (Figure 112).

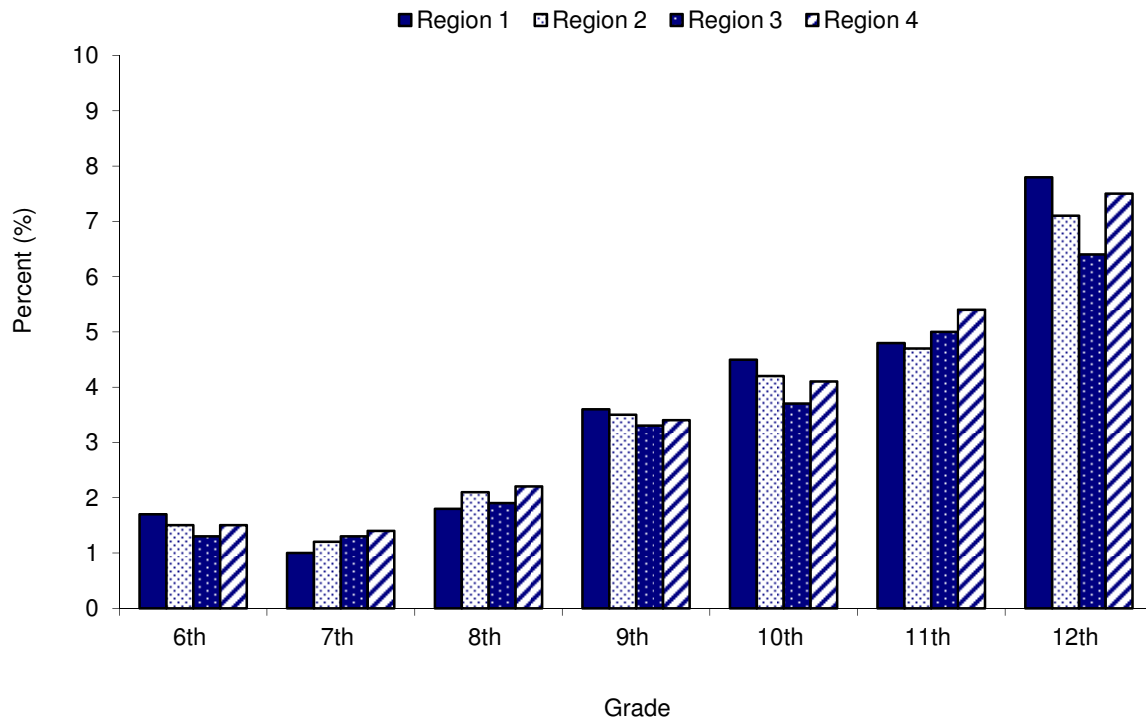
Figure 112 — Percent of Alabama youth who reported using inhalants during the past month by grade and region, 2009-2010



Source: Alabama Pride Survey

- The percent of Alabama students who reported using hallucinogens during the past month increased as school grade increased (Figure 113).
- Current hallucinogen use was similar across regions within each grade, although slight regional differences were observed for youth in 9th-12th grades (Figure 113).

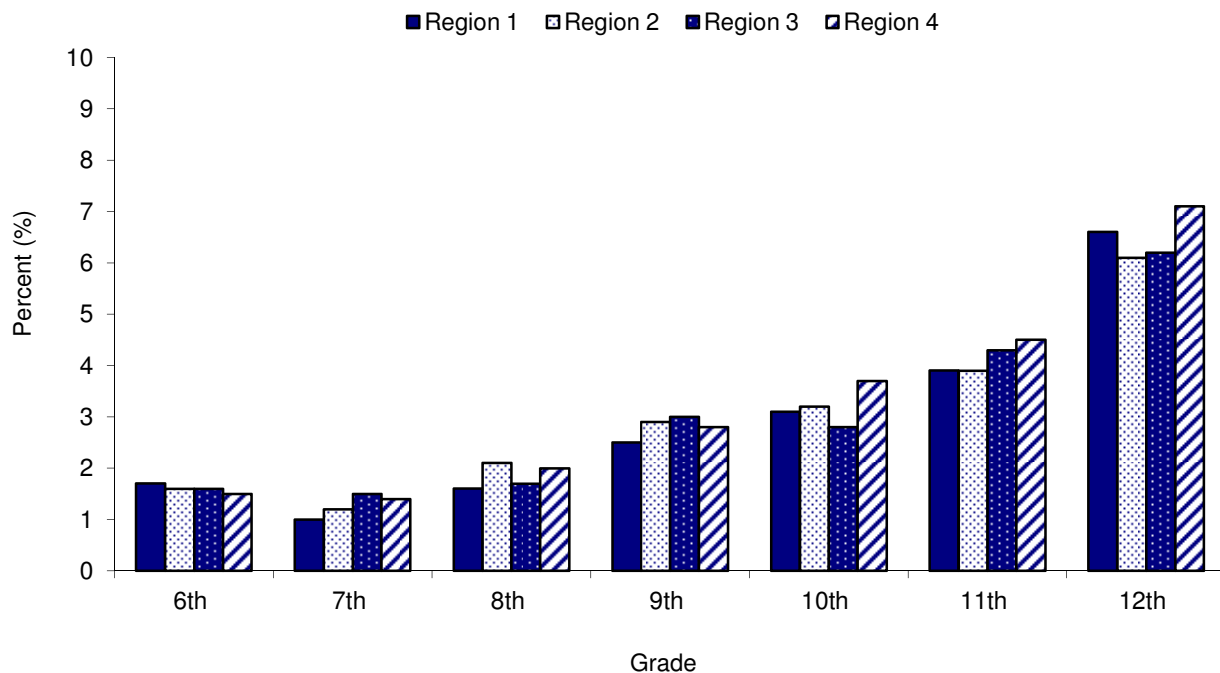
Figure 113 — Percent of Alabama youth who reported hallucinogen use during the past month by grade and region, 2009-2010



Source: Alabama Pride Survey

- The percent of Alabama youth who reported using methamphetamine during the past month increased as school grade increased (Figure 114).
- Among 12th grade students, Region 4 had the highest percent of methamphetamine use during the past month (7.1%), followed by Region 1 (6.6%), Region 3 (6.2%), and Region 2 (6.1%) (Figure 114).

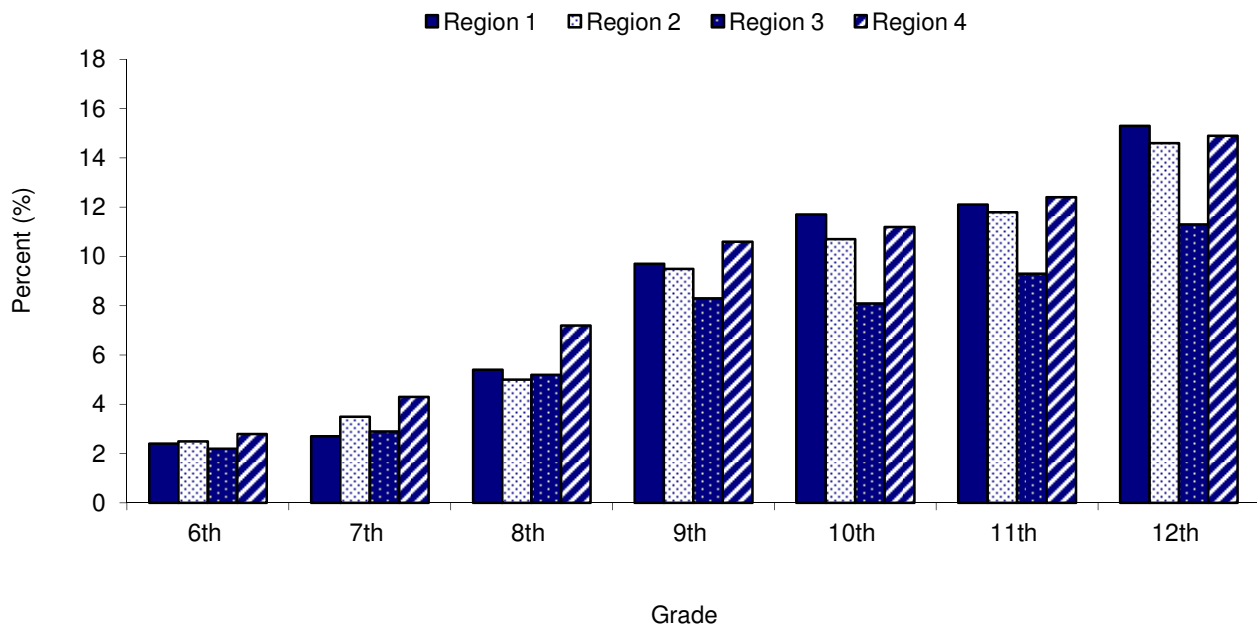
Figure 114 — Percent of Alabama youth who reported methamphetamine use during the past month by grade and region, 2009-2010



Source: Alabama Pride Survey

- The percent of Alabama youth who reported non-medical use of prescription drugs increased as school grade increased for each region (Figure 115). Note: Non-medical use of prescription drugs reflects any use during the student's lifetime.
- For youth in 10th-12th grades, Region 3 had the lowest percent of non-medical use of prescription drugs while Region 1 had the highest percent of non-medical use of prescription drugs. In 6th-9th grades, Region 4 had the highest percent of non-medical use of prescription drugs (Figure 115).

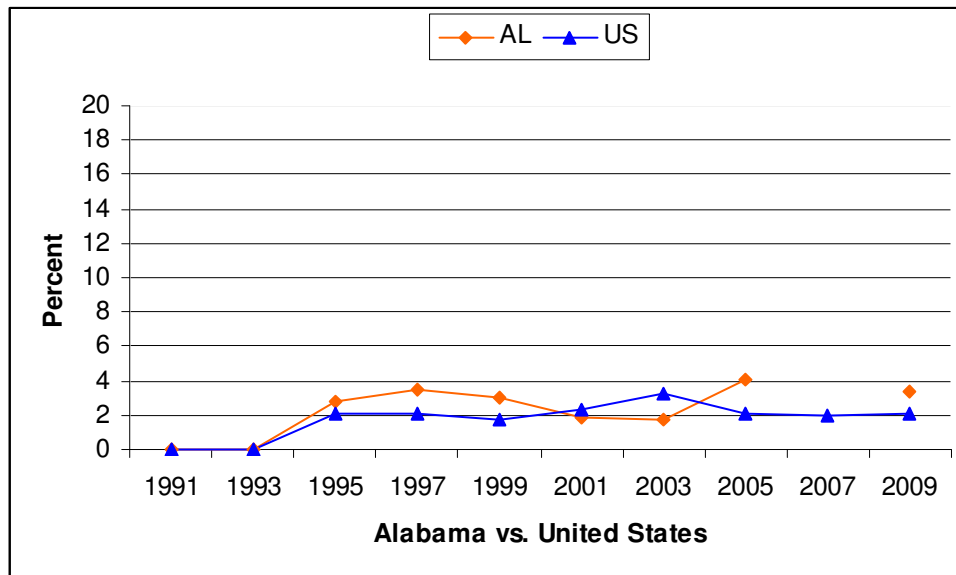
Figure 115 — Percent of Alabama youth who reported non-medical use of prescription drugs by grade and region, 2009-2010



Source: Alabama Pride Survey

Lifetime Use

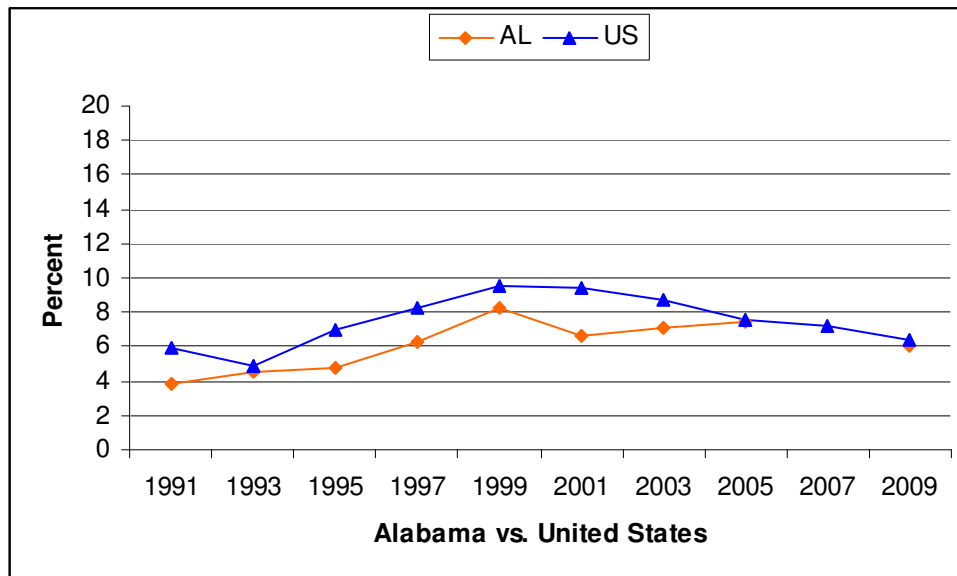
Figure 116 – Percentage of Students in 9th-12th Grade Reporting Use of Any Drugs via Injection in Their Lifetime: 1991-2009



All					
	1991	1993	1995	1997	1999
AL-Est.	—	—	2.8	3.5	3.0
CI	-	-	-	-	2.2 - 3.8
US-Est.	—	—	2.1	2.1	1.8
CI			1.7 - 2.5	1.6 - 2.6	1.4 - 2.2
	2001	2003	2005	2007	2009
AL-Est.	1.9	1.7	4.1	—	3.4
CI	1.1 - 2.7	1.0 - 2.4	2.6 - 5.6	-	-
US-Est.	2.3	3.2	2.1	2.0	2.1
CI	1.9 - 2.7	2.0 - 4.4	1.8 - 2.4	1.4 - 2.6	1.7 - 2.5

Source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 1991–2009.

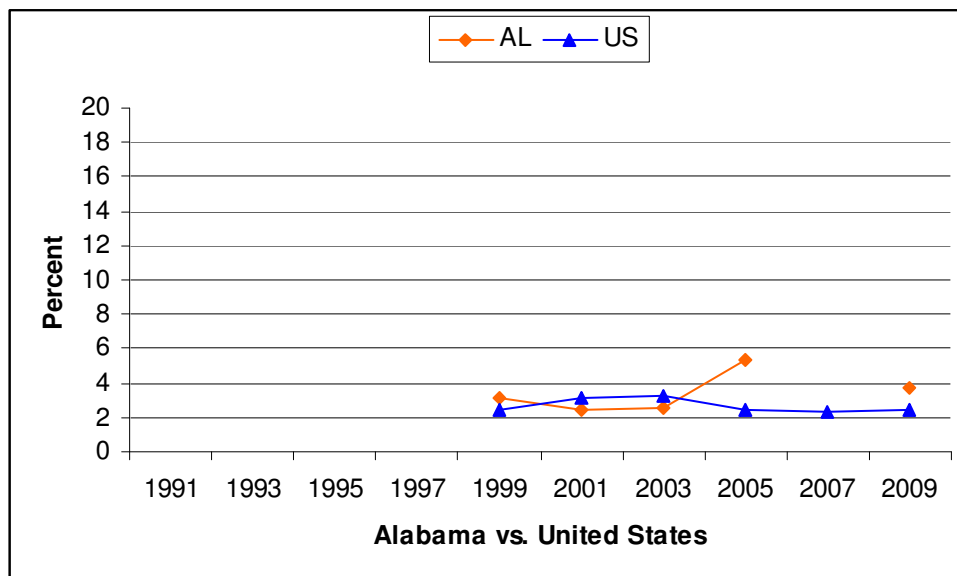
Figure 117– Percentage of Students in 9th-12th Grade Reporting Any Use of Cocaine in Their Lifetime: 1991-2009



All					
	1991	1993	1995	1997	1999
AL-Est.	3.8	4.5	4.8	6.3	8.2
CI					7.0 - 9.4
US-Est.	5.9	4.9	7.0	8.2	9.5
CI	5.0 - 6.8	4.1 - 5.7	5.8 - 8.2	7.1 - 9.3	8.1 - 10.9
	2001	2003	2005	2007	2009
AL-Est.	6.6	7.1	7.5	—	6.1
CI	5.5 - 7.7	5.3 - 8.9	5.3 - 9.7		
US-Est.	9.4	8.7	7.6	7.2	6.4
CI	8.2 - 10.6	7.6 - 9.8	6.6 - 8.6	6.2 - 8.2	5.7 - 7.1

Source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 1991–2009.

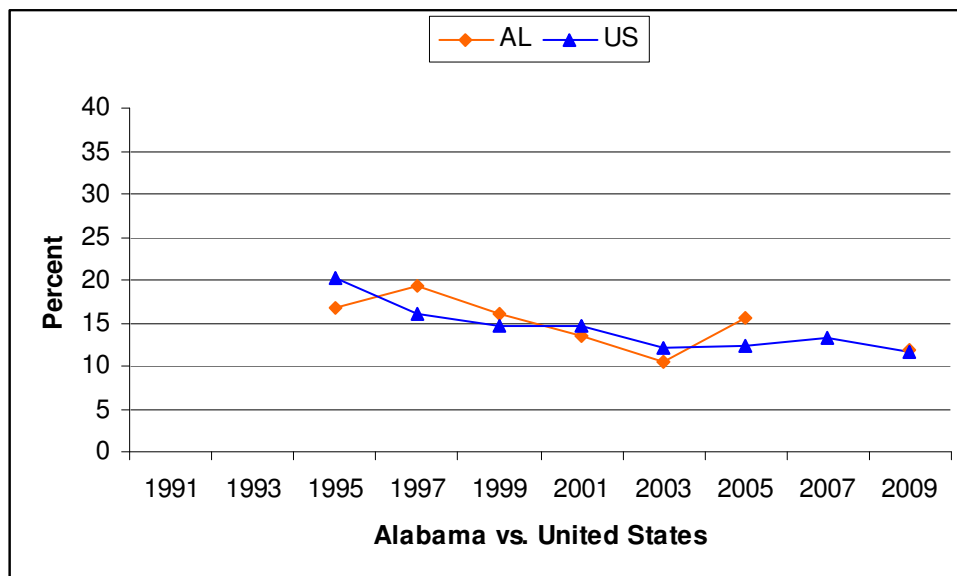
Figure 118 – Percentage of Students in 9th-12th Grade Reporting Any Use of Heroin in Their Lifetime: 1991-2009



All					
	1991	1993	1995	1997	1999
AL-Est.	—	—	—	—	3.1
CI					2.1 - 4.1
US-Est.	—	—	—	—	2.4
CI					1.8 - 3.0
	2001	2003	2005	2007	2009
AL-Est.	2.5	2.6	5.3	—	3.7
CI	1.6 - 3.4	1.6 - 3.6	3.0 - 7.6		
US-Est.	3.1	3.3	2.4	2.3	2.5
CI	2.7 - 3.5	2.6 - 4.0	2.0 - 2.8	1.8 - 2.8	2.1 - 2.9

Source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 1991–2009.

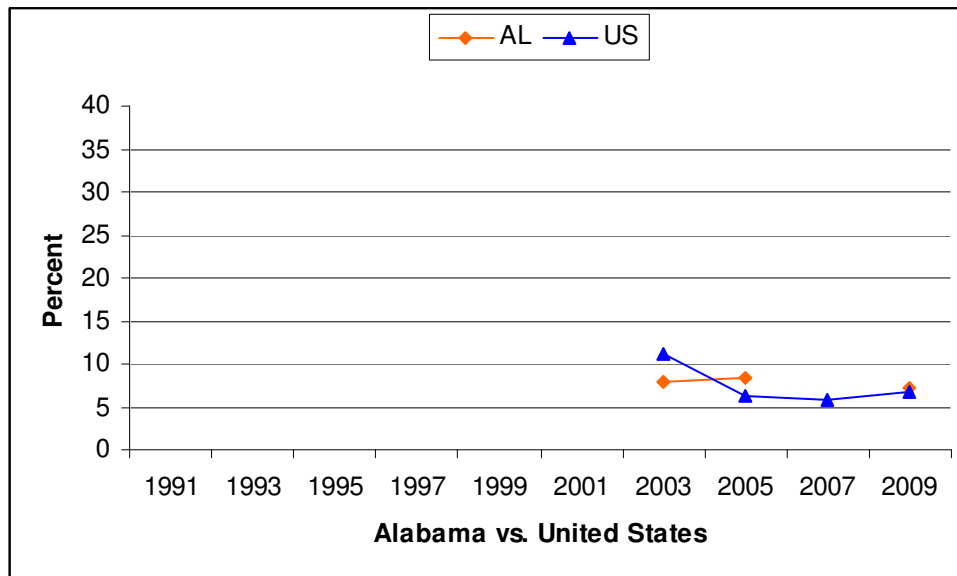
Figure 119 – Percentage of Students in 9th-12th Grade Reporting Any Use of Inhalants in Their Lifetime: 1991-2009



All					
	1991	1993	1995	1997	1999
AL-Est.	—	—	16.7	19.4	16.1
CI					14.6 - 17.6
US-Est.	—	—	20.3	16.0	14.6
CI			18.3 - 22.3	14.7 - 17.3	12.9 - 16.3
	2001	2003	2005	2007	2009
AL-Est.	13.5	10.5	15.5	—	11.9
CI	10.9 - 16.1	8.3 - 12.7	12.3 - 18.7		
US-Est.	14.7	12.1	12.4	13.3	11.7
CI	13.0 - 16.4	10.9 - 13.3	11.1 - 13.7	12.0 - 14.6	10.6 - 12.8

Source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 1991–2009.

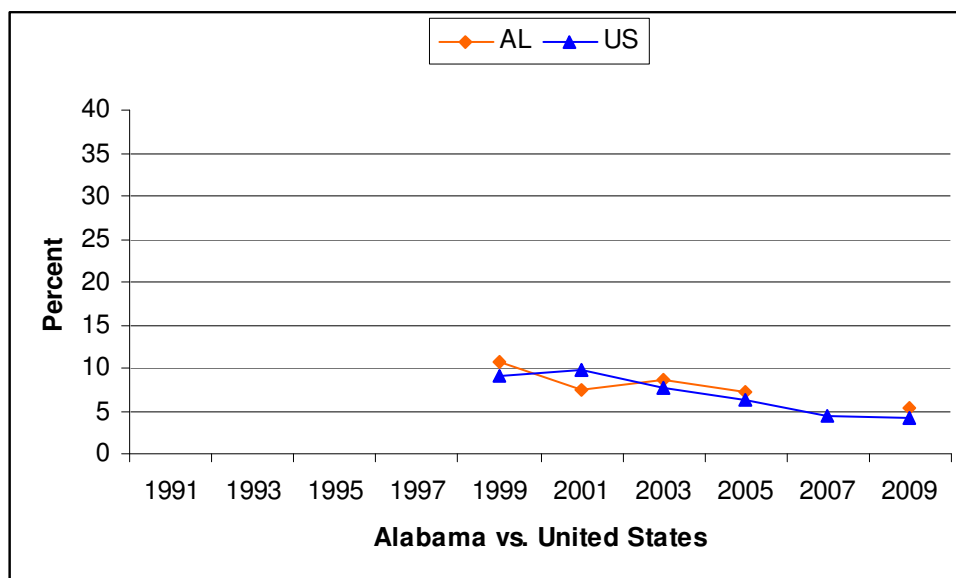
Figure 120 – Percentage of Students in 9th-12th Grade Reporting Any Use of Ecstasy (MDMA) in Their Lifetime: 1991-2009



All					
	1991	1993	1995	1997	1999
AL-Est.	—	—	—	—	—
CI					
US-Est.	—	—	—	—	—
CI					
	2001	2003	2005	2007	2009
AL-Est.	—	7.9	8.4	—	7.1
CI		6.3 - 9.5	6.1 - 10.7	-	-
US-Est.	—	11.1	6.3	5.8	6.7
CI		7.4 - 14.8	5.4 - 7.2	5.0 - 6.6	5.8 - 7.6

Source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 1991–2009.

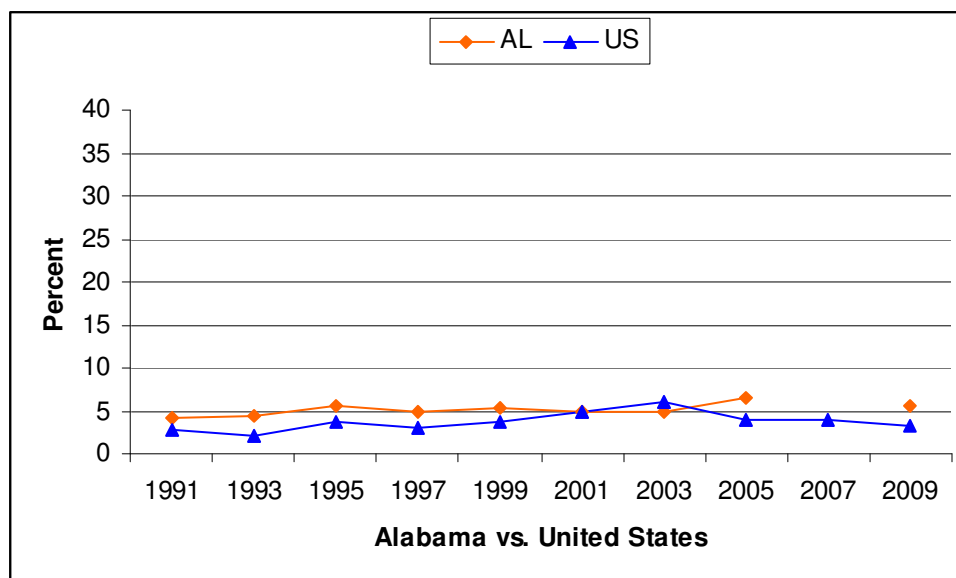
Figure 121 – Percentage of Students in 9th-12th Grade Reporting Any Use of Methamphetamines in Their Lifetime: 1991-2009



All					
	1991	1993	1995	1997	1999
AL-Est.	—	—	—	—	10.8
CI					9.6 - 12.0
US-Est.	—	—	—	—	9.1
CI					7.9 - 10.3
	2001	2003	2005	2007	2009
AL-Est.	7.4	8.6	7.3	—	5.3
CI	5.8 - 9.0	6.3 - 10.9	4.8 - 9.8		
US-Est.	9.8	7.6	6.2	4.4	4.1
CI	8.3 - 11.3	6.7 - 8.5	5.3 - 7.1	3.6 - 5.2	3.6 - 4.6

Source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 1991–2009.

Figure 122 – Percentage of Students in 9th-12th Grade Reporting Any Use of Steroids in Their Lifetime: 1991-2009



All					
	1991	1993	1995	1997	1999
AL-Est.	4.2	4.5	5.6	4.9	5.3
CI					4.4 - 6.2
US-Est.	2.7	2.2	3.7	3.1	3.7
CI	2.3 - 3.1	1.7 - 2.7	3.1 - 4.3	2.6 - 3.6	3.0 - 4.4
	2001	2003	2005	2007	2009
AL-Est.	4.8	4.9	6.5	—	5.6
CI	3.7 - 5.9	3.5 - 6.3	4.4 - 8.6		
US-Est.	5.0	6.1	4.0	3.9	3.3
CI	4.5 - 5.5	4.6 - 7.6	3.5 - 4.5	3.3 - 4.5	2.8 - 3.8

Source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 1991–2009.

Limitations and Data Gaps

Many of the indicators included in this profile are reasonable measures of ATOD consumption and consequences for youth and adults in Alabama. Despite efforts directed at ensuring the quality of data collection and analyses, measures are often subject to limitations of availability, bias, and other weaknesses. Almost all data has limitations to a certain degree, but identifying and understanding them are important to guide data analyses and interpretation of findings.

Availability posed as a limitation in this profile could lead to gaps in the data. This profile includes consumption and consequence data for persons 12 years and older; however there is no recent data readily available at the state planning region or county level to assess adults (18 years and older). The data source, YRBS, is not available for the year 2007 causing a gap in the trend line for Alabama. In addition, the PRIDE survey does not collect information on youth who are not attending public school.

Surveys are subject to potential bias due to self-report, non-coverage (households without landlines), and non-response (refusal/no answer). For example, the BRFSS, a telephone survey, misses reaching households that only use a cell phone rather than a landline. Reporting bias, which is subject to occur in the NSDUH, may affect results due to an individual's understanding of a question and their perception of what is occurring amongst their peers. For example, students may overestimate the alcohol usage of their friends or may not perceive the non-medical use of prescription drugs as getting high.

Other limitations are due to some measures (e.g. arrests, homicide, mortality rate) that were included as consequence indicators in this profile, but these measures may be influenced by enforcement policies and available resources and may not be representative of the underlying issue of substance use and abuse. Also, these measures may include duplicate counts so that persons may be included more than once.

Data gaps were identified during the profiling process primarily in reliable data on the state planning region and county level. Also, the lag time in data being released caused the profile to reflect substance abuse, consumption patterns, and consequences up until the previous two to three years.

While limitations and data gaps exist, it is expected that reasonable measures of AOD consumption and consequences used was based on reliable data sets which utilized sound methodological principles. For more detailed information on the data sources, see Appendix A.

Conclusion

Substance abuse findings in Alabama vary across various demographic and geographic characteristics. Following is a summary of key findings from this epidemiological profile. The key findings will provide a snapshot of substance use in Alabama.

Alcohol

- In 2008, 8.6 deaths per 100,000 persons were sustained in alcohol-involved vehicle crashes in Alabama compared to 5.1 deaths per 100,000 persons in the US. **FARS**
- In 2007, the rate of homicides per 100,000 persons in Alabama is 10.4 compared to the US at 6.0. **NVSS-M**
- Among youth 12-20 years old in Alabama, 24.4% reported consuming alcohol during the past month and 15.0% reported binge drinking. **NSDUH**
- Among individuals 12 years and older in Alabama, 6.1% abuse or are dependent on alcohol and 5.7% needed but did not receive treatment for alcohol abuse or dependence. **NSDUH**
- The per capita consumption of alcohol in Alabama was among the lowest in the country, ranking in the 9th deciles. **AEDS**
- Current alcohol consumption among Alabama adults (37.5%) ranked below the national median (54.6%). **BRFSS**
- Region 3 had the highest percent of youth ages 12 to 20 years reporting alcohol use during the past month (27.8%) while Region 1 had the lowest percent (22.8%). **NSDUH**
- Alabama youth in 9th-12 grades were more likely to report first using alcohol before age 13 compared with US youth in 9th-12th grades. **YRBS**
- In 2009-2010, Region 4 (19.2%) had a higher percent of youth in 12th grade who reported drinking and driving compared with the other regions. Region 1 (16.5%) has the lowest. **PRIDE**
- In 2009-2010, the percent of youth who reported riding in a car with a driver who had been drinking alcohol was lowest in Region 1 (21.1%) and highest in Region 4 (25.2%). **PRIDE**

Alcohol Consequences in Alabama

In 2007-2008, 4.5% of youth in Alabama aged 12 – 17 met the Diagnostic Statistical Manual, 4th Edition (DSM-IV) criteria for alcohol abuse or dependence. The prevalence of alcohol abuse or dependence among Alabama adults was higher for adults ages 18-25 compared with adults ages 26 years and older. In 2007-2008, 13.1% of adults ages 18-25 years and 5.3% of adults 26 years and older in Alabama met DSM-IV criteria for alcohol abuse or dependence, which was less than national estimates of 17.0% for adults ages 18-25 years and 6.1% for adults 26 years and older (NSDUH). Among individuals 12 years and older in Alabama, 6.1% abuse or are dependent on alcohol and 5.7% needed but did not receive treatment for alcohol abuse or dependence (NSDUH).

In 2007, the rate of homicides per 100,000 persons in Alabama is 10.4 compared to the US at 6.0 (NVSS-M). In 2008, 8.6 deaths per 100,000 persons were sustained in alcohol-involved vehicle crashes in Alabama compared to 5.1 deaths per 100,000 persons in the US (FARS). In 2009, there were 29,291 arrests in Alabama for alcohol-related offenses. DUI accounted for 48.6% of those offenses, followed by public drunkenness (32.8%), and liquor law violations (18.6%) (ACJIC).

The leading acute causes of alcohol-attributable deaths in Alabama between 2001 and 2005 were motor vehicle accidents, homicide, and suicide (ARDI). Years of potential life lost (YPLL) due to alcohol-related premature mortality among youth may be due to alcohol exposure directly, e.g. riding in a car driven by someone who had been drinking. The leading contributors to YPLL among youth in Alabama between 2001 and 2005 were acute causes, specifically motor-vehicle accidents, homicide, and suicide (ARDI).

From 1992 to 2009, the number of total admissions reporting any use of alcohol decreased by 21% (TEDS).

Alcohol Consumption in Alabama

Although the per capita consumption of alcohol in Alabama in 2008 was among the lowest in the country, alcohol was identified as the most regularly consumed substance with the potential for dependence or abuse by both adults and youth. Alabama youth in 9th-12th grades were more likely to report first using alcohol before age 13 compared with US youth in 9th-12th grades (YRBS).

Alcohol use was reviewed by current use, heavy drinking, and binge drinking. Current use is defined as past 30-days or past month. For men, heavy drinking is typically defined as consuming an average of more than 2 drinks per day. For women, heavy drinking is typically defined as consuming an average of more than 1 drink per day. Binge drinking corresponds to 5 or more drinks on a single occasion for men or 4 or more drinks on a single occasion for women, generally within about 2 hours. Overall, current alcohol use was lower in Alabama (37.5%) in 2010 compared with the national median of 54.6% (BRFSS). Among youth 12-20 years old in Alabama, 24.4% reported consuming alcohol during the past month and 15.0% reported binge drinking (NSDUH). In Alabama, 4.2% of adults aged 18 years and older are classified as heavy drinkers (BFRSS). In the state, 33.9% of adults aged 18 years and older report binge drinking in the past 30 days, and 18.1% of adults over 25 reported binge drinking. This pattern was observed nationally, although the national prevalence of binge drinking was higher than Alabama within both age groups (BFRSS).

In 2009, 39.5% of Alabama youth in grades 9 – 12 reported having at least one alcoholic drink in the past 30 days, which was slightly lower than the national estimate of 41.8% (PRIDE). For Alabama youth aged 12-17, 19.4% reported using alcohol in the past 30 days (YRBS). In 2009-2010, Region 4 (19.2%) had a higher percent of youth in 12th grade who reported drinking and driving compared with the other regions. Region 1 (16.5%) has the lowest (PRIDE). In 2009, 12.3% of Alabama youth in 9th-12th grades reported driving after consuming an alcoholic beverage within the past 30 days, which was higher than the national average (9.7%). During that same year, 32% reported riding in a car driven by someone who had been drinking (YRBS).

Alcohol Risk/Protective Factors in Alabama

In 2009, 16.9% of mothers in Alabama reported drinking during pregnancy & gave birth to low birth weight baby (PRAMS)

In 2009-2010, the percent of youth who reported riding in a car with a driver who had been drinking alcohol was lowest in Region 1 (21.1%) and highest in Region 4 (25.2) (PRIDE) which is a risk factor for serious injury or death.

Tobacco

- From 2000 to 2007 the rate of lung disease deaths has increased from 44.6 deaths per 100,000 to 53.6 deaths per 100,000 in Alabama. **NVSS-M**

- The per capita sales of cigarette packs have declined since 2000 in Alabama, but remain higher than the national average. **Orzechowski, W., & Walker, R. (2008). *The tax burden on tobacco***
- In 2009, 6.6% of Alabama adults reported ever using smokeless tobacco, with significant differences between men (11.8%) and women (1.9%). **BRFSS**
- Region 1 (68.2%) had the highest percent of youth (6th-12th Grades) who reported that their friends use tobacco while Region 3 (55.5%) has the lowest percent who reported that their friends use tobacco use. **PRIDE**
- In 2007-2008, the percentage of current cigarette smoking among person aged 12 or older in Alabama (27.2%) was more than the US percentage (24.1%). **NSDUH**
- In 2009, 6.6% of Alabama adults reported ever using smokeless tobacco, with significant differences between men (11.8%) and women (1.9%). **BRFSS**
- The age at first use of cigarettes has declined in Alabama and the United States since 1995. **YRBS**

Tobacco Consequences in Alabama

From 2000 to 2007 the rate of lung disease deaths increased from 44.6 deaths per 100,000 persons to 53.6 deaths per 100,000 in Alabama. In 2007, the rate of lung cancer deaths was 68.2 deaths per 100,000 persons which were higher than the US rate (52.6) (NSSV-M).

Tobacco Consumption in Alabama

The per capita sales of cigarette packs have declined since 2000 in Alabama, but remain higher than the national average (The Tax Burden of Tobacco). In 2007-2008, the percentage of current cigarette smoking among person aged 12 or older in Alabama was more than the US percentage (NSDUH). The age at first use of cigarettes has declined in Alabama and the United States since 1995 (YRBS). In 2009, 6.6% of Alabama adults reported ever using smokeless tobacco, with significant differences between men (11.8%) and women (1.9%) (BRFSS). In 2007-2008, the percentage of current cigarette smoking among person aged 12 or older in Alabama (27.2%) was more than the US percentage (24.1%) (NSDUH). In 2007, there was not a statistically significant difference by smoking status during pregnancy, with 8.5% of women who smoked during pregnancy and 8.1% of women who did not smoke during pregnancy giving birth to low birth weight babies (PRAMS).

Tobacco Risk/Protective Factors in Alabama

Region 1 (68.2%) had the highest percent of youth (6th-12th Grades) who reported that their friends use tobacco while Region 3 (55.5%) has the lowest percent who reported that their friends use tobacco use (PRIDE). This is a risk factor for increase risk of a youth smoking if youth have friends that smoke. In 2009, 15.8% of mothers smoking during pregnancy and giving birth to low birth weight baby

Other Drugs

- Marijuana use and current use of any other drugs increased as grade in school increased. **PRIDE**
- For youth in 10th-12th grades, Region 3 had the lowest percent of non-medical use of prescription drugs while Region 1 had the highest percent of non-medical use of prescription drugs. In 6th-9th grades, Region 4 had the highest percent of non-medical use of prescription drugs. **PRIDE**

- In 2007-2008, among individuals 12 years and older in Alabama, 3.1% abuse or are dependent on illicit drugs and 2.6% needed but did not receive treatment for illicit drug abuse or dependence. **NSDUH**
- In 2007-2008, 13.3% of adults age 18-25 years reported nonmedical use of prescription pain relievers in the past month followed by 12-17 year olds (7.3%) and 26 year olds and older (3.8%). **NSDUH**
- The number of deaths due to drug-related overdose/poisoning increased from 197 deaths in 2000 to 511 deaths in 2007. **NVSS-M**
- The majority of arrests for both adults (84.9%) and youth (94.1%) were due to drug possession in 2010. **ACJIC**
- Alabama youth in 9th-12th grades report higher percentage of smokeless tobacco use than US youth in 9th-12th grades. **YRBS**

Other Drugs Consequences in Alabama

In 2007-2008, 7.9% of adults in Alabama ages 18-25 years were dependent or abused illicit drugs in the past year compared to 2.1% of adults ages 26 years and older. In 2007-2008, 4.2% of youth in Alabama ages 12-17 years were dependent or abused illicit drugs in the past year. The national and state-level estimates were comparable within each age group and there were no statistically significant changes between 2005 and 2008 (NSDUH).

In 2007-2008, 4.2% of youth in Alabama ages 12-17 years were dependent or abused illicit drugs in the past year. The national and state-level estimates were comparable and there were no statistically significant changes between 2005 and 2008. In 2007-2008, among individuals 12 years and older in Alabama, 3.1% abuse or are dependent on illicit drugs and 2.6% needed but did not receive treatment for illicit drug abuse or dependence (NSDUH). Since 1999, the percentage of total admissions reporting stimulants as their primary substance of abuse has increased from 1.5% to 7.8% in 2009 (TEDS).

The number of deaths due to drug-related overdose/poisoning increased from 197 deaths in 2000 to 511 deaths in 2007 (NSSV-M). In 2006, the rate of drug-related overdose/poisoning deaths in Alabama is 8.7 deaths per 100,000 population compared to 11.5 deaths per 100,000 population in the United States. The majority of arrests for both adults (84.9%) and youth (94.1%) were due to drug possession in 2010. The majority of arrests for both adults (84.9%) and youth (94.1%) were due to drug possession in 2010 (ACJIC)

Other Drugs Consumption in Alabama

The percent of Alabama adults who reported using marijuana was relatively stable between 2005 and 2008, with more people in the 18-25 year age group reporting use than the 26 and older age group. The proportion of Alabama adults who reported using marijuana was lower than national estimates within both age groups (NSDUH). Nonmedical use of pain relievers in past year by among 12-17 year olds has declined in Alabama, but has been consistently higher than the US from 2003-2004 (US=7.53 vs. Alabama=8.6) to 2008-2009 (US=6.54 vs. AL=7.55).

The percent of Alabama adults who used illicit drugs other than marijuana (cocaine, heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically) was also relatively stable between 2005 and 2008, with more persons in the 18-25 year age group reporting use than the 26 and older age group. During this same time frame, the proportion of Alabama adults who reported using illicit drugs other than marijuana was comparable to national estimates within both age groups; however the estimates for Alabama were slightly higher than national estimates for non-medical use of prescription pain medications for both the 18-25 year age group (13.3% vs. 12.1%) and adults over 25 (3.8% vs. 3.4%) (NSDUH). Among individuals

12 years and older in Alabama, 8.0% reported marijuana use during the past year; 5.6% reported non-medical use of prescription pain relievers during the past year; and 1.9% reported cocaine use during the past year (NSDUH). From 2001 to 2005, the percentage of students in 9th-12th grade reporting any use of heroin in their lifetime increased from 2.5% to 5.3% (YRBS). Approximately 12% of boys and 6% of girls reported trying marijuana before age 13, with a slight increase for girls between 2005 and 2009 (YRBS).

References

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Appendix A: Data Sources

Appendix A—Data sources Reviewed for the Epidemiological Profile for Alabama.						
Data Source	Availability	Validity	Consistency	Periodic Collection over at least 3-5 Years	Sensitivity	Limitations
National Data Sources Included in the Epi Profile						
Sales Data from the Alcohol Epidemiologic Data System (AEDS)	http://pubs.niaaa.nih.gov/publications/surveillance.htm Also available at Behavioral Health Indicator System (BHIS) http://204.52.186.105/	Total Sales of Ethanol per Year per Capita	A centralized, national repository of alcohol-related data sets. AEDS obtains annual alcoholic beverage sales data from Alabama. Sales data are believed to reflect actual consumption of alcoholic beverages more accurately than production and shipment data from beverage industry sources. Per capita consumption of absolute alcohol has been used historically as an indicator of overall drinking within a state and has been shown to be correlated with many types of alcohol problems.	1990-2008 (Annual)	Able to detect changes (with reservations due to the limitations) associated with substance use over time	Estimates may be inflated due to consumption by non-residents (e.g., tourists and other visitors). Untaxed alcohols (e.g., products that are smuggled or homemade) are not captured in this indicator.
Alcohol Related Disease Impact (ARDI)	http://apps.nccd.cdc.gov/ARDI/HomePage.aspx	Alcohol-Attributable Death, Years of Potential Life Lost, Alcohol-Attributable Fractions	An online application that provides national and state estimates of alcohol-related health impacts, including deaths and years of potential life lost (YPLL). These estimates are calculated for 54 acute and chronic causes using alcohol-attributable fractions, and are reported by age and sex.	Average for years 2001-2005	Unable to detect changes associated with substance use over time. Provides alcohol risk factor data	Survey subject to potential bias due to self-report, non-coverage (households without landlines), and non-response (refusal/no answer) Subject to underestimation because of potential bias due to self-report, non-response, recall and non-coverage (households without landlines). May miss former drinkers due to the use of past 30 day alcohol consumption

Behavioral Risk Factor Surveillance System (BRFSS)	http://www.cdc.gov/brfss/ ; Also available at Behavioral Health Indicator System (BHIS) http://204.52.186.105/	Binge Drinking, Current Alcohol Use, Drinking & Driving, Current Use of Cigarettes, Current Daily Use of Cigarettes	An annually conducted telephone health survey system, tracking health conditions and risk behaviors in the US. Surveys the adult population (18 years & older)	1995-2010 (Annual)	Able to detect changes associated with substance use over time	Telephone survey subject to potential bias due to self-report, non-coverage (households without landlines), and non-response (refusal/no answer).
Fatality Analysis Reporting System (FARS)	http://www.nhtsa.dot.gov/portal/site/nhtsa/menuitem.0efe59a360fbadd24ec86e10dba046a0/ ; Also available at Behavioral Health Indicator System (BHIS) http://204.52.186.105/	Alcohol-related Vehicle Death Rate, Fatal Crashes among Alcohol-Involved Drivers, Fatal Crashes that are Alcohol-related	An annual nationwide census maintained by the National Highway Traffic Safety Administration containing data on fatal injuries suffered in motor vehicle traffic crashes.	1990-2009 (Annual)	Able to detect changes associated with substance use over time	The blood alcohol concentration (BAC) values for all drivers involved in fatal crashes were not complete so estimates were calculated for cases missing data.
National Survey on Drug Use and Health (NSDUH)	http://www.oas.samhsa.gov/states.htm ; Also available through SEDS at http://www.epidcc.samhsa.gov/data.asp	Alcohol Abuse or Dependence, Binge Drinking, Current Cigarette Smoking, Current Use of Alcohol, Current Use of Illicit Drugs other than Marijuana, Drug Abuse or Dependence	A national survey designed to track changes in substance use patterns for US residents 12 years of age and older, asking respondents to report on past month, past year, and lifetime use of substances including alcohol, tobacco, marijuana, cocaine, and other illicit drugs. The survey also asks respondents whether they had received treatment for drug abuse or drug dependence during the past year.	2002-2008 (Annual)	Able to detect changes associated with substance use over time	The estimates are subject to bias due to self-report and non-response (refusal/no answer). There is usually a two-year delay between the time data are gathered and the time when data are made available to the public.
National Vital Statistics System Mortality (NVSS-M)	http://www.cdc.gov/nchs/deaths.htm/	Chronic Liver Disease, Death due to Drug-Related Behavior, Death from all Drug-Related Poisonings, Homicide, Suicide	NVSS-M an annually collected data set generated from death certificate information collected through the NVSS-M data serve as the primary source of information on demographic, geographic, and cause-of-death information among persons dying in a given year.	1990-2006 (Annual)	Unable to detect changes associated with substance use over time	The size of the population in which deaths occur creates the potential for unstable indicator(s) for less populated states and communities that have low numbers of annual deaths, especially when used for demographic subgroups.

Sales Data for Tobacco Products	http://204.52.186.105/DataSource/DSalesT.aspx?Tcontent=SalesT&menuID=4&ST1=TXT&ST2=TXT&font=	Cigarette Packs Taxed	Report per capita annual sales data of packs of cigarettes for the total population and the adult population (18 years or older) for the 50 States, the District of Columbia, and the United States as a whole.	1990-2007 (Annual)	Able to detect changes associated with substance use over time	Estimates may be inflated due to consumption by non-residents (e.g., tourists and other visitors). Untaxed cigarettes (e.g., products that are smuggled or homemade) are not always captured.
Treatment Episode Data Set (TEDS)	http://www.dasis.samhsa.gov/web/tedsweb/tab_year.choose_year?state=AL	Alcohol Abuse, Drug Abuse, Demographic and Substance Abuse Characteristics	A compilation of data on the demographic and substance abuse characteristics of admissions to substance abuse treatment. Designed to provide data on the number and characteristics of persons aged 12 or older admitted to public and private substance abuse treatment programs receiving public funding in all 50 States, the District of Columbia, and Puerto Rico.	1992-2010 (Annual)	Able to detect changes associated with substance use over time	Admissions do not represent individuals; TEDS is unable to follow individual clients through a sequence of treatment episodes. The number and client mix of TEDS admissions does not represent the total national demand for substance abuse treatment, nor the prevalence of substance abuse in the general population. States rely on individual facilities to report in a timely manner submission to SAMHSA. States continually review the quality of their data processing files.
Uniform Crime Reports (UCR)	http://www.fbi.gov/ucr/ucr.htm Also available at Behavioral Health Indicator System (BHIS) http://204.52.186.105/	Drug-related Property Crime rates including burglary, larceny, and motor vehicle theft, Alcohol-related Violent Crime Rates including assaults and robberies	Law enforcement agencies that participate annually in the UCR Program forward crime data through Alabama's UCR Program. Property crimes frequently are committed in order to obtain money to purchase drugs. Drinking on the part	1994-2007 (Annual)	Able to detect changes (with reservations due to the limitations) associated with substance use over time	Reported violent/property crimes are an under report of the total number of actual violent crimes. No perpetrator information is unavailable to determine if they have been drinking or using

			of the victim or a perpetrator can increase the risk of assaults and assault-related injuries.			illicit drugs. Estimates of the percentage of crimes attributable to alcohol/illicit drugs are derived primarily from self-reports of incarcerated perpetrators of the crimes.
Youth Risk Behavior Survey (YRBS)	http://www.cdc.gov/yrbss	Binge Drinking, Current Daily Use of Cigarettes, Current Use of Alcohol, Current Use of Cocaine, Current Use of Inhalants, Current Use of Marijuana, Current Use of Cigarettes, Current Use of Smokeless Tobacco, Drinking and Driving, Initiation of Alcohol Use, Initiation of Cigarette Use, Initiation of Marijuana Use	A national school-based survey conducted every two years (odd years) by the Centers for Disease Control and Prevention (CDC) designed to produce a nationally representative sample of students in grades 9 through 12.	1991-2011 (Biennial)	Able to detect changes associated with substance use over time	Students who have dropped out of school are not represented. It is also subject to bias due to self-report, non-coverage (refusal by selected schools to participate), and non-response (refusal/no answer).
State Data Sources Included in the Epi Profile						
Alabama Criminal Justice Information Center (ACJIC)	http://www.acjic.alabama.gov/ ; http://acjic.state.al.us/crime.cfm	Crime Arrests by Age, Property Crime, Violent Crime, Homicide, Rape, Robbery, Assault, Burglary, Larceny, Motor Vehicle Theft, Arson, Liquor and Drug Abuse Arrests, Drug Sales and Possession Arrests	An annual Alabama crime publication of the ACJIC Statistical Analysis Center (SAC) intended to inform law enforcement officials and private citizens of criminal and law enforcement activity in the state. The statistics presented in this report are compiled from all the crimes are reported from state, county and local law enforcement agencies	1977-2011 (Annual)	Able to detect changes associated with substance use over time (with reservations due to limitations)	Cautioned against drawing conclusions by making direct comparisons between statistics submitted by cities or individual agencies, particularly when the increased reporting from previous years. It is important to note that there are unique conditions that affect each law enforcement jurisdiction, and valid assessments are only possible with careful study and analysis of the conditions that affect each law enforcement jurisdiction.

Pregnancy Risk Assessment Monitoring System (PRAMS)	http://www.adph.org/healthstats/index.asp?ID=1518 ; Also available at Behavioral Health Indicator System (BHIS) http://204.52.186.105/	Alcohol Use By Pregnant Women, Smoking by Pregnant Women	An annual mail/telephone survey that collects information from new mothers about their behaviors and experiences before, during, and after pregnancy.	1990 to 2010 (Annual)	Able to detect changes associated with substance use over time	Survey subject to potential bias due to self-report, non-coverage (households without landlines), and non-response (refusal/no answer).
Alabama Pride Survey (PRIDE)	http://www.pridesurveys.com/Reports/index.html#state	Tobacco, alcohol, drug use data among students in Alabama	An annual survey 6th-12th grade public school students	2002-2003 to 2009-2010 (Annual)	Able to detect changes associated with substance use over time	Data not collected on students who do not attend public schools or youth who are not attending school.
Alabama Youth Tobacco Survey (ALYTS)	http://www.adph.org/tobacco/assets/TobaccoBurdenReport2011.pdf ; http://www.adph.org/tobacco/Default.asp?id=1941	Cigarette Use, Smokeless Tobacco Use, Cigar Use, Pipe Use, Bidis Use, Kreteks Use, Knowledge and Attitude, Media and Advertising, Access and Enforcement, School Curriculum, Exposure to environmental Tobacco Smoke, Cessation	A biennial survey conducted by the Tobacco Prevention and Control Division of the Alabama Department of Public Health (ADPH), through a grant from the Office on Smoking and Health, Centers for Disease Control and Prevention (CDC). The survey is administered to Alabama middle school and high school students, grades 6-12, parallel with the National Youth Tobacco Survey (NYTS).	2000-2010 (biennial)	Able to detect changes associated with substance use over time	The survey is based on self-report; therefore students can provide inaccurate information. Conducted every other year versus every year, and uses students only in grades 6th-12th. Not all schools participate in distribution of the survey.
Data Sources Excluded from the Epi Problem						
Alabama Accidents Summary	http://dps.alabama.gov/Home/wfContentTableItem.aspx?ID=10&PLH1=ADMINACCIDENTSUMMARY	Alcohol Involvement by Age	A document contains data related to motor vehicle accidents in Alabama. Data is collected by the Alabama Dept. of Public Safety annually.	2005-2008 (Annual)	Able to detect changes (with reservations due to the limitations) associated with substance use over time	Data only readily available for four years.

Automation of Reports and Consolidated Orders System (ARCOS)	www.deadiversion.usdoj.gov/arcos/index.html	Controlled Substances Included in the list of controlled substance transactions tracked by ARCOS are the following: All Schedules I and II materials (manufacturers and distributors); Schedule III narcotic and gamma-hydroxybutyric acid (GHB) materials (manufacturers and distributors); and selected Schedule III and IV psychotropic drugs (manufacturers only).	An automated, comprehensive drug reporting system (registrants must report quarterly) which monitors the flow of DEA controlled substances from their point of manufacture through commercial distribution channels to point of sale or distribution at the dispensing/retail level - hospitals, retail pharmacies, practitioners, mid-level practitioners, and teaching institutions. ARCOS accumulates these transactions which are then summarized into reports.	1997-2007 (Annual)	Unable to detect changes associated with substance use over time	Only 1,100 distributors and manufacturers report to ARCOS, but there are over 1,000,000 registrants in DEA's Controlled Substance Act database.
Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC Wonder)	http://wonder.cdc.gov/	Mortality	An online database administrated by Centers for Disease Control & Prevention (CDC) for the analysis of public health data. Annual data is made available	1999-2009 (Annual)	Able to detect changes associated with substance use over time	The database is an analysis tool for mortality gathered from the National Center of Health Statistics - NVSS-M
Federation of Tax Administrators (FTA)	http://www.taxadmin.org/fta/rate/tax_stru.html#Excise	State Income (individual and corporate) Tax, State Sales (food, drugs, vendor, and holiday) Tax, State Excise (motor fuel, cigarette, other tobacco products, distilled spirits, wine, and beer, estate) Tax,	An annual administration organized in 1937 to improve the quality of state tax administration by providing services to state tax authorities and administrators. These services include research and information exchange, training, and intergovernmental and interstate coordination. The Federation also represents the interests of state tax administrators before federal policymakers where appropriate.	2002-2012 (Annual)	Able to detect changes associated with substance use over time	FTA does not maintain historical tax rate data. This is only representative of tax dollars for the state, and not individual use and/or abuse.

Smoking Attributable Mortality, Morbidity, and Economic Costs (SAMMEC)	http://apps.nccd.cdc.gov/sammeec/	Smoking-Attributable Mortality, Years of Potential Life Lost (YPLL), Smoking-Attributable Infant Mortality, Medical Expenditures	An online application that allows you to estimate the health and health-related economic consequences of smoking to adults and infants. The SAMMEC program contains two distinct Internet-based programs: the adult SAMMEC application provides users the ability to estimate Smoking-Attributable Mortality (SAM), YPLL, medical expenditures, productivity losses, SAM rate and YPLL rate. The Maternal and Child Health (MCH) SAMMEC application provides users the ability to estimate smoking-attributable infant deaths, YPLL and excess neonatal health care costs.	2000-2004 (Annual)	Able to detect changes associated with substance use over time	Since this is a Federal Government system, authorized users are only permitted to obtain information relative to smoking habits with infants and adults.
State Health Facts - Alabama	http://www.statehealthfacts.org/profileind.jsp?ind=507&cat=11&rgn=2	AIDS Diagnoses by Exposure Category	A website conducted by the Henry J. Kaiser Family Foundation and is designed to provide free, up-to-date (annual), and easy-to-use health data for all 50 states.	From the beginning of the epidemic through 2010 (Annual)	Unable to detect changes associated with substance use over time	Data is total of number of cases over time; cannot determine individual years
The Tax Burden on Tobacco	http://nocigtax.com/upload/file/148/Tax_Burden_on_Tobacco_vol_45_FY2010.pdf	Per Capita Sales of Tobacco	The annual document on tobacco revenue and industry statistics. Compiled of data from tobacco tax administrators, the U.S. Department of Treasury's Alcohol and Tobacco Tax Trade Bureau. Also, a data from an annual price survey of cigarette retailers.	1950-2009 (Annual)	Able to detect changes (with reservations due to the limitations) associated with substance use over time	Underestimates sales data due to self-reported bias. Some sales may go out of state; not all cigarettes purchased are actually smoked; smokers may round daily consumption down to the nearest half-pack.

Appendix B: Constructs and Indicators

Appendix B: Constructs and Indicators		
Constructs	Indicators	Sources
Alcohol Consequences		
Alcohol-related mortality	# of alcoholic chronic liver disease deaths	NVSS-M
	Rate for alcohol suicide deaths	NVSS-M
	Years of potential life lost due to alcohol-related deaths	ARDI
	# of alcohol attributable deaths	ARDI
Motor vehicle crashes	Rate of deaths sustained in vehicle crashes that were alcohol-involved per 100,000 Population	FARS
	% of drivers involved in fatal crashes	FARS
	% of Drivers in Fatal Crashes Who Were Alcohol-positive	FARS
Crime	# of arrests for alcohol violations	ACJIC
	Rate of Aggravated Assaults per 1,000 Population	UCR
	Rate of Robberies per 1,000 Population	UCR
	Rate of Sexual Assaults per 1,000 Population	UCR
	Rate of violent crimes per 1,000 Population	UCR
	Rate for alcohol homicide deaths	NVSS-M
Treatment	% of total admissions reporting any use of alcohol	TEDS
	% of total admissions reporting alcohol as their primary substance of abuse	TEDS
Treatment Gap	% of persons aged 12 to 17 needing but not receiving treatment for alcohol use	NSDUH
	% of person age 18 to 25 needing but not receiving treatment for alcohol use	NSDUH
	% of person age 26 or older needing but not receiving treatment for alcohol use	NSDUH
	% of persons ages 12 or older needing but not receiving treatment for alcohol use	NSDUH
Abuse or	% of persons aged 12 or older reporting	NSDUH

Appendix B: Constructs and Indicators		
Constructs	Indicators	Sources
dependence	alcohol dependence/abuse	
	% of persons aged 12 to 17 reporting alcohol dependence/abuse	NSDUH
	% of persons aged 18 to 25 reporting alcohol dependence/abuse	NSDUH
	% of persons aged 26 or older reporting alcohol dependence/abuse	NSDUH
Alcohol Consumption		
Age of Initial Use	% of youth in 9th-12th grades reporting first use of alcohol before age 13	YRBS
Current Use	% of youth in 9th-12th grades reporting use of alcohol in past 30 days	YRBS
	% of persons 12 and older reporting alcohol use in past 30 days	NSDUH
	% of persons age 12-17 reporting alcohol use in past 30 days	NSDUH
	% of persons age 18-25 reporting alcohol use in past 30 days	NSDUH
	% of persons age 26 or older reporting alcohol use in past 30 days	NSDUH
	% of persons age 12-20 reporting alcohol use in past 30 days	NSDUH
	% of students in grades 6-12 reporting use of alcohol during past month	Pride
	% of adults (aged 18 or older) reporting use of alcohol in past 30 days	BRFSS
Current Binge Drinking	% of persons 12 and older reporting binge drinking in past 30 days	NSDUH
	% of persons age 12-17 reporting binge drinking in past 30 days	NSDUH
	% of persons age 18-25 reporting binge drinking in past 30 days	NSDUH
	% of persons age 26 or older reporting binge drinking in past 30 days	NSDUH
	% of persons age 12-20 reporting binge drinking in past 30 days	NSDUH
	% of youth in 9th-12th grades reporting binge drinking in past 30 days	YRBS
	% of students in grades 6- 12 reporting having 5 or more drinks within a few hours	Pride
	% of adults (aged 18 or older) reporting binge drinking in past 30 days	BRFSS

Appendix B: Constructs and Indicators		
Constructs	Indicators	Sources
Current Heavy Drinking	% of adults (aged 18 and older) reporting heavy drinking in past 30 days	BRFSS
Drinking and driving	% of adults (aged 18 and older) drinking/driving past 30 day use	BRFSS
	% of students in 9th-12th grade who reported driving when they had been drinking alcohol	YRBS
	% of students in 6th-12th grade who reported driving when they had been drinking alcohol	PRIDE
Total ethanol consumption per capita	# of sales of ethanol per 10,000 population	AEDS
Alcohol Risk/Protective Factors		
Alcohol Use during Pregnancy	% of mothers who reported drinking before and during pregnancy	PRAMS
Riding with Drinking Driver	% of students in 9th-12th grade who reported riding in a car driven by someone who had been drinking	YRBS
	% of students in 6th-12th grade who reported riding in a car driven by someone who had been drinking	Pride
Tobacco Consequences		
Tobacco - Related Mortality	Rate of Lung Cancer Deaths per 100,000 Population	NVSS-M
	Rate of Lung Disease Deaths per 100,000 Population	NVSS-M
Tobacco Consumption		
Age of Initial Use	% of students in 9th-12th grade initiating tobacco use before age 13	YRBS
Current Use	% of persons aged 12 or older reporting smoked cigarettes in the past 30 days	NSDUH
	% of persons aged 12 to 17 reporting smoked cigarettes in the past 30 days	NSDUH
	% of persons aged 18 to 25 reporting smoked cigarettes in the past 30 days	NSDUH
	% of persons aged 26 or older reporting smoked cigarettes in the past 30 days	NSDUH
	% of youth in 9th-12th grades who smoked cigarettes on 1 or more of the past 30 days	YRBS
	% of youth in 9th-12th grades who smoked cigarettes on 20 or more of the past 30 days	YRBS
	% of students in 9th-12th grade reporting any use of smokeless tobacco in the past 30 days	YRBS
	% of adults 18 and older who smoke everyday	BRFSS

Appendix B: Constructs and Indicators		
Constructs	Indicators	Sources
First time use	% of youth who have tried bidis/keteks	ALYTS
	% of adults ever using smokeless tobacco	BRFSS
Tobacco use during pregnancy	% of pregnant women who smoked during last 3 months of pregnancy	PRAMS
Total cigarette consumption per capita	# of packs of cigarettes sold at the wholesale level per capita aged 18 and older	Sales Data-Tobacco
Tobacco Risk/Protective Factor		
Friends Use	% of students in grades 6-12 reporting that friends use tobacco	Pride
Tobacco use during pregnancy	% of mothers smoking during pregnancy	PRAMS
Other Drug Consequences		
Abuse or dependence	% of persons 12 to 17 reporting illicit drug dependence/abuse	NSDUH
	% of persons 18 to 25 reporting illicit drug dependence/abuse	NSDUH
	% of persons 26 or older reporting illicit drug dependence/abuse	NSDUH
	% of persons 12 and older reporting illicit drug dependence/abuse	NSDUH
Drug related mortality	# of drug related behavior deaths	NVSS-M
	# of drug related overdose deaths	NVSS-M
Crime	# of arrests for drug possession or sale	ACJIC
	Rate of burglaries per 1,000 population	UCR
	Rate of larcenies per 1,000 population	UCR
	Rate of motor vehicle thefts per 1,000 population	UCR
	Rate of property crimes per 1,000 population	UCR
Treatment	% of total admissions reporting any use of cocaine	TEDS

Appendix B: Constructs and Indicators		
Constructs	Indicators	Sources
	% of total admissions reporting any use of heroin	TEDS
	% of total admissions reporting any use of marijuana	TEDS
	% of total admissions reporting cocaine as their primary substance of abuse	TEDS
	% of total admissions reporting heroin as their primary substance of abuse	TEDS
	% of total admissions reporting marijuana as their primary substance of abuse	TEDS
	% of total admissions reporting stimulants as their primary substance of abuse	TEDS
	% of total Admissions Reporting any use of stimulants	TEDS
Treatment gap	% of persons aged 12 or older needing but not receiving treatment for illicit drug use	NSDUH
	% of persons youth ages 12-17 needing but not receiving treatment for illicit drug use	NSDUH
	% of persons youth ages 18-25 needing but not receiving treatment for illicit drug use	NSDUH
	% of persons youth ages 26 or older needing but not receiving treatment for illicit drug use	NSDUH
Other Drug Consumption		
Age of Initial Use	% of youth in 9th-12th grades who tried marijuana before age 13	YRBS
Current Use	% of persons aged 12 to 17 reporting illicit drug use (other than marijuana) in past 30 days	NSDUH
	% of persons aged 18 to 25 reporting illicit drug use (other than marijuana) in past 30 days	NSDUH
	% of persons aged 26 or older reporting illicit drug use (other than marijuana) in past 30 days	NSDUH
	% of persons aged 12 or older reporting illicit drug use (other than marijuana) in past 30 days	NSDUH
	% of persons 12 or older non-medical prescription pain reliever use in past year	NSDUH
	% of persons 12 to 17 non-medical prescription pain reliever use in past year	NSDUH
	% of persons 18 to 25 non-medical prescription pain reliever use in past year	NSDUH
	% of persons 26 or older non-medical prescription pain reliever use in past year	NSDUH

Appendix B: Constructs and Indicators		
Constructs	Indicators	Sources
	% of persons 12 and older reporting marijuana use in past 30 days	NSDUH
	% of persons 12-17 reporting marijuana use in past 30 days	NSDUH
	% of persons 18-25 reporting marijuana use in past 30 days	NSDUH
	% of persons 26 or older reporting marijuana use in past 30 days	NSDUH
	% of youth in 9th-12th grades reporting any use of marijuana in the past 30 days	YRBS
	% of students in 9th-12th grade reporting any use of cocaine in the past 30 days	YRBS
	% of students in grades 6-12 reporting marijuana use during past month	Pride
	% of students in grades 6-12 reporting cocaine use during past month	Pride
	% of students in grades 6-12 reporting ecstasy use during past month	Pride
	% of students in grades 6-12 reporting inhalant use during past month	Pride
	% of students in grades 6-12 reporting hallucinogen use during past month	Pride
	% of students in grades 6-12 reporting methamphetamine use during past month	Pride
	% of students in grades 6-12 reporting non-medical use of prescription drugs in the past 30 days	Pride
Lifetime Use	% of students in 9th-12th grade reporting use of any drugs via injection in Their lifetime	YRBS
	% of students in 9th-12th grade reporting any use of cocaine in Their lifetime	YRBS
	% of students in 9th-12th grade reporting any use of heroin in Their lifetime	YRBS
	% of students in 9th-12th grade reporting any use of Inhalants in Their Lifetime	YRBS
	% of students in 9th-12th grade reporting any use of ecstasy (MDMA) in their lifetime	YRBS
	% of students in 9th-12th grade reporting any use of methamphetamine in their lifetime	YRBS
	% of students in 9th-12th grade reporting any	YRBS

Appendix B: Constructs and Indicators		
Constructs	Indicators	Sources
	use of steroids in their lifetime	

Appendix C: Members of the Alabama Epidemiological Outcomes Workgroup

Table B1—Members of the Alabama Epidemiological Outcomes Workgroup 2011-2012

Name	Title	Agency
Blanding, Lauren	CSAP Fellow	Department of Mental Health
Brown, Maranda	Director of Prevention Services	Department of Mental Health
Burks, Henry	Chief Drug Inspector	Alabama Board of Pharmacy
Burleson, Erin	Prevention Consultant	South Regional Information Clearinghouse
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Lewis, Marilyn	Safe & Drug Free Schools Specialist	Department of Education
Means, Cesily	Outreach Specialist	Governor's Office, Faith-Based & Community Initiative
Nelson, Loretta		Department of Revenue
Oakes, Robert	Assistant Executive Director	Pardons and Parole
Pendergast, Pat	Screening & Placement Coordinator	Department of Youth Services
Quinn, Michael	Program Coordinator	Department of Rehabilitation
Reese, Sondra	Epidemiologist	Department of Public Health
Rogers, Shalandra		Mothers Against Drunk Driving (MADD)
Shanks, Bill (<i>Resource Provider</i>)	Senior Statistician	Department of Public Safety
Whiteley, Katherine	Evaluator	Growing Potential
Winningham, Janet		Department of Human Resources
Wright, Bennet	Statistician	Sentencing Commission

Appendix D: Glossary

Acute — Describes a disease, illness, or injury that is characterized by a rapid onset, short duration, and symptom presentation. Examples include colds and influenza.

Age-adjusted rate — A weighted average of age-specific rates where the weights are the proportions of persons in the corresponding age groups of a standard population. A standard population is used (2000 U.S. standard population) to allow for comparisons among counties, states, and national estimates by taking into account differences in the age composition of different areas.

Age-specific rate — A rate determined by the number of cases or events that occur within a specific age group divided by the population of that age group. Example: age-specific mortality rates can be calculated for youth 11-14 years and 15-17 years or any other age group of interest.

Chronic — Describes a disease, illness, or injury that is characterized by a long duration and may be asymptomatic. Examples include coronary heart disease, cancer, and diabetes.

Crude rate — An unadjusted rate based on the total number of cases or events divided by the population.

Epidemiology — The study of the distribution and determinants of health-related states and events in populations and the application of this study to control health problems.

ICD-10 codes — The International Classification of Diseases, 10th Revision, is a classification system published by the World Health Organization that is used to classify causes of death.

Incidence — The number of new cases of a disease, illness, or injury that occurs in a population.

Morbidity — The effects of disease, illness, or injury in a population. Typical measures of morbidity are incidence rates and prevalence rates.

Mortality — The total number of deaths due to a particular disease, illness, or injury in a population.

Prevalence — The total number of cases (existing and new) of a disease, illness, or injury that occurs in a population.

Protective factor — A factor that is associated with a decreased risk of disease, illness, or injury.

Risk factor — A factor that is associated with an increased risk of a disease, illness, or injury.

Statistical significance — The probability that the observed difference (e.g., between percentages) occurred by chance. If a finding is not statistically significant, the difference observed could be attributed to chance and not a reflection of any true differences.

Years of potential life lost — A measure of the relative impact of a disease on a population that is determined by calculating the loss of expected years of life due to early deaths from the particular disease.